

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

Department of the Treasury
Internal Revenue Service

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

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

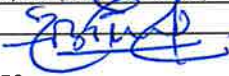
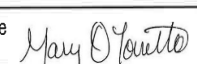
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HIAS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 SPRING STREET 500 City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910 F Name and address of principal officer: MARK HETFIELD SAME AS C ABOVE	D Employer identification number 13-5633307 E Telephone number (301) 844-7300 G Gross receipts \$ 122,840,232. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HIAS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1881 M State of legal domicile: NY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	170
	6 Total number of volunteers (estimate if necessary)	6	292
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,318.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	52,305,704.	62,631,210.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	966,922.	644,103.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,004,604.	12,906,414.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,557.	-14,215.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,611,787.	76,167,512.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	16,568,278.	15,678,758.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	22,933,568.	29,056,304.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,211,680.	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,288,623.	23,508,048.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	57,790,469.	68,243,110.
	19 Revenue less expenses. Subtract line 18 from line 12	-2,178,682.	7,924,402.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	85,174,923.	86,773,637.
	22 Net assets or fund balances. Subtract line 21 from line 20	30,689,695.	31,484,539.
		54,485,228.	55,289,098.

Part II Signature Block

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

Sign Here	Signature of officer  FARHAN IRSHAD, CFIO Type or print name and title	Date 10.04.2021
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA Preparer's signature  Date 10/8/2021 Check if self-employed <input type="checkbox"/> PTIN P00847851 Firm's name ▶ GRANT THORNTON LLP Firm's EIN ▶ 36-6055558 Firm's address ▶ 1000 WILSON BOULEVARD, SUITE 1400 ARLINGTON, VA 22209 Phone no. (703) 847-7500	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 33,077,002. including grants of \$ 9,877,617.) (Revenue \$) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 15,225,922. including grants of \$ 4,546,840.) (Revenue \$ 644,103.) SEE SCHEDULE O.

4c (Code:) (Expenses \$ 4,200,254. including grants of \$ 1,254,301.) (Revenue \$) SEE SCHEDULE O.

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

4e Total program service expenses 52,503,178.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE GERSTEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JANE GINNS DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) MITCHELL GORDON DIRECTOR	3.00 0.00	X						0.	0.	0.
(21) KAREN GREEN DIRECTOR	6.00 0.00	X						0.	0.	0.
(22) FITZGERALD HANEY DIRECTOR FROM 7/1/2020	1.00 0.00	X						0.	0.	0.
(23) ANDREW HEINRICH DIRECTOR FROM 7/1/2020	1.00 0.00	X						0.	0.	0.
(24) GARY HIRSCHBERG DIRECTOR	10.00 0.00	X						0.	0.	0.
(25) RENE LERER DIRECTOR TO 6/30/20	1.00 0.00	X						0.	0.	0.
(26) ALEJANDRO MAYORKAS DIRECTOR (7/1/20-11/28/20)	1.00 0.00	X						0.	0.	0.
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 not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 37

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HBW CONSTRUCTION 1055 FIRST ST #200, ROCKVILLE, MD 20850	CONSTRUCTION SERVICES	553,741.
MYPROTEUS INC 16192 COASTAL HIGHWAY, LEWES, DE 19958	APPLICATION DEVELOPMENT	501,680.
ANNE LEWIS STRATEGIES P.O. BOX 3243, OMAHA, NE 68103	MARKETING CONSULTING	305,000.
GRANT THORNTON LLP 33570 TREASURY CENTER, CHICAGO, IL 60694	AUDIT FIRM	272,178.
ARMPFIELD, HARRISON & THOMAS, 20 S. KING STREET, LEESBURG, VA 20175	INSURANCE	245,675.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	27,726,877.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,904,333.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			62,631,210.			
Program Service Revenue	2 a MIGRANT LOAN PROCESSING FEES	Business Code	900099	475,661.	475,661.		
	b SERVICE FEE & OTHER REVENUE		900099	168,442.	166,998.	1,444.	
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			644,103.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,431,434.		8,874.	
	4 Income from investment of tax-exempt bond proceeds					2,422,560.	
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities		57,147,700.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	46,672,720.				
	c Gain or (loss)	7c	10,474,980.				
d Net gain or (loss)			10,474,980.		10,474,980.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a FOREIGN EXCHANGE GAIN/LOSS	Business Code	900099	-14,215.		-14,215.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-14,215.			
12 Total revenue. See instructions			76,167,512.	642,659.	10,318.	12,883,325.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,543,320.	7,543,320.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,135,438.	8,135,438.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,592,390.	850,163.	1,078,077.	664,150.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	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 contributions)	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.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,129,043.	51,660.	1,077,383.	
c Accounting	275,711.	711.	275,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	380,654.		380,654.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses 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.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,315.	80,635.	31,680.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a 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 through 24e	68,243,110.	52,503,178.	12,528,252.	3,211,680.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,833,698.	2	6,193,350.
	3 Pledges and grants receivable, net	5,687,314.	3	7,166,552.
	4 Accounts receivable, net	234,387.	4	392,826.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	554,166.	9	672,570.
	10a 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 2,144,544.
	11 Investments - publicly traded securities	40,737,795.	11	48,315,373.
	12 Investments - other securities. See Part IV, line 11	24,788,685.	12	12,320,003.
	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	9,568,419.
16 Total assets. Add lines 1 through 15 (must equal line 33)	85,174,923.	16	86,773,637.	
Liabilities	17 Accounts payable and accrued expenses	4,315,161.	17	4,807,846.
	18 Grants payable	325,995.	18	106,960.
	19 Deferred revenue	4,927,008.	19	2,929,317.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,121,531.	25	23,640,416.
	26 Total liabilities. Add lines 17 through 25	30,689,695.	26	31,484,539.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	47,640,194.	27	48,156,647.
	28 Net assets with donor restrictions	6,845,034.	28	7,132,451.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	54,485,228.	32	55,289,098.
33 Total liabilities and net assets/fund balances	85,174,923.	33	86,773,637.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2020)

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	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,855,465.	40,687,086.	46,527,210.	52,305,704.	62,631,210.	244,006,675.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	41,855,465.	40,687,086.	46,527,210.	52,305,704.	62,631,210.	244,006,675.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						244,006,675.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	41,855,465.	40,687,086.	46,527,210.	52,305,704.	62,631,210.	244,006,675.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	796,383.	746,697.	873,038.	905,641.	2,431,434.	5,753,193.
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.
11 Total support. Add lines 7 through 10						250,080,210.
12 Gross receipts from related activities, etc. (see instructions)					12	5,514,164.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	97.57 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.18 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). 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			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

FX GAIN/LOSS

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 334,557.

2020 AMOUNT: \$ -14,215.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

LHA
032041 12-02-20

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	7,963.													
c	Total lobbying expenditures (add lines 1a and 1b)	7,963.													
d	Other exempt purpose expenditures	52,495,215.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	52,503,178.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	62,300.	5,375.	3,187.	7,963.	78,825.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	58,050.			0.	58,050.

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

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

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

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

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

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

Part IV Supplemental Information

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

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

LOBBYING EXPENDITURES

HIAS DEVELOPS AND PROMOTES POLICIES AND BUILDS CONSTITUENCIES IN ORDER TO

INCREASE SUPPORT FOR HIAS' WORK AND ACHIEVE HIAS ADVOCACY PRIORITIES

INCLUDING A ROBUST HUMANITARIAN AID PROGRAM TO REFUGEES BY THE UNITED

STATES GOVERNMENT. IN 2020, HIAS ADVOCATED FOR INCREASED REFUGEE

Part IV Supplemental Information (continued)

ADMISSIONS; ROBUST FUNDING FOR INTERNATIONAL AND DOMESTIC REFUGEE
PROGRAMS; AND OPPOSED THE INTRODUCTION OF LEGISLATION AND ADMINISTRATIVE
ACTIONS THAT WOULD CURTAIL ASYLUM IN THIS COUNTRY. IN ADDITION, HIAS
PROVIDED REGIONAL ADVOCACY TRAININGS FOR ADVOCATES FROM THE AMERICAN
JEWISH COMMUNITY. AS A RESULT OF THESE TRAININGS AND FOLLOW-UP SUPPORT,
THERE ARE NOW MORE THAN 10 ACTIVE JEWISH COALITIONS ADVOCATING FOR REFUGEE
WELCOME AROUND THE COUNTRY.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization HIAS, INC. Employer identification number 13-563307

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section 170(h)(4)(B) requirements and reporting.

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,157,515.	40,061,053.	44,932,975.	41,902,997.	43,781,390.
b Contributions	3,399,128.	1,703,471.	831,778.	3,326,958.	2,205,457.
c Net investment earnings, gains, and losses	4,422,959.	8,254,540.	-2,734,694.	6,554,208.	2,187,686.
d Grants or scholarships				169,389.	443,585.
e Other expenditures for facilities and programs	4,052,016.	1,861,549.	2,969,006.	6,389,406.	5,541,863.
f Administrative expenses				292,393.	286,088.
g End of year balance	51,927,586.	48,157,515.	40,061,053.	44,932,975.	41,902,997.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 91.1830 %
 - b Permanent endowment _____ %
 - c Term endowment 8.8170 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,150,374.	532,718.	1,617,656.
d Equipment		1,033,765.	890,193.	143,572.
e Other		383,316.		383,316.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,144,544.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COLLECTIVE TRUST	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) INTERCOMPANY RECEIVABLES	9,568,419.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (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) 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 organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

PERMANENTLY RESTRICTED NET ASSETS ARE COMPRISED OF INVESTMENTS STIPULATED

IN THE DONOR'S AGREEMENT AND ARE TO BE HELD IN PERPETUITY. USE OF

APPROPRIATIONS FROM PERMANENTLY RESTRICTED NET ASSETS ARE STIPULATED IN

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

EXPENDITURES.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE

HIAS FOLLOWS THE ACCOUNTING GUIDANCE THAT CREATES A SINGLE MODEL TO

ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES ACCOUNTING FOR INCOME

Part XIII Supplemental Information (continued)

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	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, RUSSIA AND	1	14	PROGRAM SERVICES	REFUGEE ASSISTANCE	870,819.
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 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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING		736,093.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		280,478.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		1,817,613.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	42	PROGRAM SERVICES	REFUGEE ASSISTANCE	0.
Totals	1	42			2,834,184.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUB-AWARD	741,448.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	SUB-AWARD	736,093.	CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUB-AWARD	1,076,166.	CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUB-AWARD	222,640.	CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUB-AWARD	57,838.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	SUB-AWARD	1,195,767.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	SUB-AWARD	643,631.	CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUB-AWARD	1,147,162.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **10**

3 Enter total number of other organizations or entities **10**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	SUB-AWARD	696,547.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUB-AWARD	1,618,146.	CHECK	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

PROCEDURE FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES

HIAS CONDUCTS WORLDWIDE OPERATIONS USING A SYSTEM OF INTERNAL CONTROLS TO

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

TRANSACTIONS INTO THE ACCOUNTING SYSTEM. THE ACCOUNTING SYSTEM AND

SUPPLEMENTARY MANAGEMENT REPORTING SERVE AS REPORTING TOOLS FOR GAAP

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

GRANT-SPECIFIC REPORTING. MANAGEMENT'S OVERSIGHT ENSURES THAT

PROGRAMMATIC GRANTS AND ALLOCATIONS, AND DONOR CONTRIBUTIONS, FUND

REASONABLE EXPENSES APPLICABLE TO THE SOURCE'S INTENTION.

PART I, LINE 3:

ACCOUNTING METHOD USED

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

ACCOUNTING.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 COLUMBUS, OH 99999	85-2395108	501(C)(3)	1,210,417.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF SAN DIEGO SEE PART IV SAN DIEGO, CA 99999	95-1644024	501(C)(3)	641,493.	0.			REFUGEE RECEPTION & 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) and government organizations listed in the line 1 table ▶ 19.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) 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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAS AMERICAS IMMIGRANT ADVOCACY CENTER - SEE PART IV - EL PASO, TX 99999	74-2472774	501(C)(3)	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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

PROCEDURE FOR MONITORING GRANT FUNDS IN THE UNITED STATES

HIAS CONDUCTS WORLDWIDE OPERATIONS USING A SYSTEM OF INTERNAL CONTROLS TO

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

TRANSACTIONS INTO THE ACCOUNTING SYSTEM. THE ACCOUNTING SYSTEM AND

SUPPLEMENTARY MANAGEMENT REPORTING SERVE AS REPORTING TOOLS FOR GAAP

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

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

GRANTS AND ALLOCATIONS, AND DONOR CONTRIBUTIONS, FUND REASONABLE EXPENSES

Part IV Supplemental Information

APPLICABLE TO THE SOURCE'S INTENTION.

SCHEDULE I, PART II:

DOMESTIC ORGANIZATION AND GOVERNMENT ADDRESSES

IN LIGHT OF SECURITY CONCERNS RELATED TO THE RISK OF VIOLENT

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

FBI, ADL AND OTHER ORGANIZATIONS TRACKING THE THREAT OF VIOLENT

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

AFFILIATES AND THE COUNTRY INFORMATION FOR INTERNATIONAL COUNTRY

OFFICES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HIAS, INC.

Employer identification number
13-5633307

Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

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

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

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

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

Schedule O (Form 990 or 990-EZ) 2020

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

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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REPRESENTATION FOR ASYLUM SEEKERS. LEGAL STATUS IS CRITICAL FOR 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

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

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

SERVED 1,800 PEOPLE IN LEGAL PROTECTION ACTIVITIES AND REACHED AN

ADDITIONAL 15,000 THROUGH ADVOCACY AND OUTREACH CAMPAIGNS.

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

PEOPLE IN ISRAEL, WHERE WE SERVED OVER 2,700 DISPLACED PEOPLE DIRECTLY

THROUGH LEGAL ASSISTANCE AND REPRESENTATION AND IMPACTED ANOTHER 16,000

ASYLUM SEEKERS THROUGH WORK ON STRATEGIC LITIGATION SUCCESSFULLY

CHALLENGING ISRAEL'S DEPOSIT LAW.

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

PROGRAM SERVICE ACTIVITY 2

AS THE OLDEST RESETTLEMENT AGENCY IN THE WORLD AND THE ONLY JEWISH

ORGANIZATION DESIGNATED BY THE FEDERAL GOVERNMENT TO UNDERTAKE THIS

HUMANITARIAN WORK, HIAS WORKS TO HELP REFUGEES BUILD STABLE LIVES

THROUGHOUT THE COUNTRY. DESPITE A RECORD HIGH OF NEARLY 26 MILLION

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

U.S. WAS CAPPED AT 18,000 IN 2020, MARKING A NEW HISTORIC LOW FOR THE

U.S. REFUGEE ADMISSIONS PROGRAM SINCE THE 1980 REFUGEE ACT BECAME LAW.

WITH FEWER NEW ARRIVALS, HIAS INTENSIFIED OUR WORK ACROSS THE U.S. TO

ENHANCE THE ECONOMIC AND SOCIAL INTEGRATION OF REFUGEES AS THEY ADJUST

TO AMERICAN LIFE. THROUGH OUR NATIONAL RESETTLEMENT NETWORK OF 17

AFFILIATES, HIAS PROVIDED CLIENTS WITH NEW PROGRAMMING AND RESOURCES TO

SUPPORT THEIR FULL ECONOMIC AND SOCIAL INCLUSION IN THE UNITED STATES.

IN THE US, HIAS ASSISTED 5,200 PEOPLE WITH ECONOMIC AND SOCIAL

INTEGRATION PROGRAMS, INCLUDING RESETTLING 2,319 REFUGEES.

HIAS' ECONOMIC INCLUSION PROGRAMS TAKE A HOLISTIC APPROACH BY

SUPPORTING AND EMPOWERING CLIENTS THROUGH EARLY EMPLOYMENT OR

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ENTREPRENEURSHIP, WHILE SIMULTANEOUSLY ENHANCING THEIR FINANCIAL CAPABILITY TO ACHIEVE LONG-TERM ECONOMIC INDEPENDENCE. HIAS WORKS WITH CLIENTS NOT ONLY TO GAIN NEW SKILLS FOR OPTIMAL EMPLOYMENT AND A CHANGING WORKFORCE, BUT ALSO TO BUILD THEIR FINANCIAL KNOWLEDGE, SAVINGS, AND ASSETS--SUCH AS PURCHASING A VEHICLE OR HOME, STARTING A BUSINESS, OR SAVING FOR HIGHER EDUCATION. ACROSS A RANGE OF INDUSTRIES, HIAS PARTNERS WITH LOCAL AND NATIONAL EMPLOYERS TO INTEGRATE REFUGEES INTO THE WORKFORCE AND PROVIDE TRAINING FOR CAREER DEVELOPMENT AND UPWARD MOBILITY. OUR NETWORK OF AFFILIATES ALSO WORKS WITH COMMUNITY PARTNERS TO HELP REFUGEES LAUNCH OR EXPAND 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.S.-MEXICO BORDER TO HELP ASYLUM SEEKERS. GROUPS OF ATTORNEYS WORKED WITH HIAS' PARTNER ORGANIZATIONS IN CALIFORNIA AND TEXAS TO OFFER DIRECT CLIENT SUPPORT. HIAS ESTABLISHED AN EARLY PRESENCE WORKING ON

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BOTH SIDES OF THE SOUTHERN U.S. BORDER--BECOMING THE FIRST INTERNATIONAL ORGANIZATION TO IMPLEMENT CROSS-BORDER COLLABORATION TO ASSIST CENTRAL AMERICANS AND OTHERS IN MEXICO IN ACCESSING THE U.S. LEGAL SYSTEM TO FILE FOR ASYLUM. AS A RESULT, HIAS BECAME A CRUCIAL ADVISOR AND ROLE MODEL TO OTHER ORGANIZATIONS SEEKING TO SERVE THE GROWING POPULATION OF REFUGEES AND ASYLUM SEEKERS AT THE BORDER. HIAS' EARLY POSITION AS ONE OF THE ONLY INTERNATIONAL ORGANIZATIONS OPERATING ON BOTH SIDES OF THE BORDER PROVIDED A UNIQUE VANTAGE POINT THAT ALLOWED US TO CHANNEL FACTS ON THE GROUND INTO OUR ADVOCACY WORK IN THE POLICY ARENA. HIAS' WRAP AROUND PROGRAM CONNECTS LEGAL CLIENTS AND THEIR FAMILIES WITH THE BROAD SUPPORT THAT THEY NEED AS THEY NAVIGATE LIFE IN A NEW COMMUNITY.

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

OTHER PROGRAM SERVICES

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

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STATEWIDE COALITIONS AND LOCAL PARTNERSHIPS FUEL HIAS' WORK IN THE COMMUNITY AT THE GRASSROOTS LEVEL ACROSS THE NATION. THROUGHOUT THE COUNTRY, AND WITH THE FOCUSED WORK OF OUR ESTABLISHED REGIONAL OUTREACH PROGRAMS IN WASHINGTON, D.C., NEW YORK, AND, AS OF 2020, LOS ANGELES, HIAS ENGAGES WITH A BROAD RANGE OF ORGANIZATIONS AND LEADERS ACROSS THE COUNTRY TO EDUCATE COMMUNITIES ABOUT THE ISSUES FACING REFUGEES AND ASYLUM SEEKERS AND MOBILIZE SUPPORT TO ADVANCE THEIR RIGHTS. IN 2020, OVER 2,000 PEOPLE PARTICIPATED IN HIAS-LED, IN-PERSON ADVOCACY CAMPAIGNS, AND 24,704 PEOPLE PARTICIPATED IN ONLINE CAMPAIGNS. HIAS HELD 148 COMMUNITY PROGRAMS, EDUCATIONAL SESSIONS, TRAININGS, AND BRIEFINGS WITH A TOTAL OF 3,432 PARTICIPANTS.

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

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

FORM 990, PART VI, SECTION A, LINE 4:

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

IN NOVEMBER 2020, THE HIAS BOARD APPROVED A RESTATED CERTIFICATE OF INCORPORATION UNDER THE STATE OF NEW YORK. THE RESTATED CERTIFICATE OF INCORPORATION REFLECTS SEVERAL CHANGES APPROVED BY THE BOARD IN THE YEAR SINCE THE FIFTH AMENDED AND RESTATED BY-LAWS WAS ADOPTED IN 2019. THOSE CHANGES INCLUDE THE TYPE OF CORPORATION, THE LOCATION OF THE CORPORATION, AND THE SIZE OF THE BOARD. THE AMENDED BY-LAWS WERE FURTHER REVISED WITH THE ASSISTANCE OF EXTERNAL LEGAL COUNSEL TO STREAMLINE, CLARIFY LANGUAGE,

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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

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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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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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.
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CHANGE IN MINIMUM PENSION LIABILITY	367,745.
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INTERCOMPANY TRANSACTIONS	369,800.
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TOTAL TO FORM 990, PART XI, LINE 9	982,268.
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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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

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.