Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

A I	For ti	ne 201	4 calendar year, or tax year begi	nning	, 2014	, and end	ling			20
_			C Name of organization					D Employer Ide		
B (Check if a	ipplicable:	HIAS, INC.					13-563	3307	
	Addr chan		Doing business as		_					
L	Nam	e change	Number and street (or P.O. box if mail is	not delivered to street add	ress)	Room/suite	•	E Telephone nu	ımber	
L	→	l return	333 SEVENTH AVENUE, 16	STH FLOOR				(212) 96	7-4100	
		return/ Inated	City or town, state or province, country, a	and ZIP or foreign postal co	ode					
	Amer	nded	NEW YORK, NY 10001					G Gross receip	ots \$ 50	5,119,816.
	Appli	cation ing	F Name and address of principal officer:	MARK HETFIEI	LD			H(a) Is this a gro	oup return for	Yes X No
			333 SEVENTH AVENUE, 10	6TH FLOCR NEW	YORK, NY	10001		subordinate H(b) Are all subor		Yes No
<u></u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or :	527	1	nch a list, (see inst	
Ī	Webs	ite: 🕨	WWW.HIAS.ORG			· · ·		H(c) Group exen	nption number	•
K	Form	of organ	ization: X Corporation Trust	Association Other	<u> </u>	L Yea	r of format	tion: 1881 M		
P	art I	Su	mmary							
	1		describe the organization's mission or		ies: HIAS I	RESCUES	PEOP	LE WHOSE	LIVES AF	RE IN
26		DAN	GER FOR BEING WHO THEY F	ARE.					- -	
ia L					- 					
Governance	2	Check	this box 🕨 🔙 if the organization d	iscontinued its operati	ons or dispose	ed of more	than 25%	of its net asset	is.	-
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)		****			3	21.
Activíties &	4	Numb	er of independent voting members of t	he governing body (Pa	rt VI, line 1b)			* * * * * * * * * * * * * * * * * * * *	4	21.
ŧ	5	Total r	number of individuals employed in cale	endar year 2014 (Part V	line 2a)			* * * * * * * * * * * * * * * * * * * *	5	67.
ŧ	6	Total	number of volunteers (estimate if necess	sary)					6	25.
•	7a	Total ı	inrelated business revenue from Part V	III, column (C), line 12				(878) 8	7a	0
	ь	Net ur	related business taxable income from I	Form 990-T, line 34 .	<u> </u>			<u> </u>	7b	0
	ا	_						Prior Year	Cu	rrent Year
9	8	Contri	butions and grants (Part VIII, line 1h)		202.2 • 202.2			26,899,25	32	2,841,616.
Revenue	9	Progra	im service revenue (Part VIII, line 2g)				_	1,532,89	9. 1	,379,208.
Se.	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)			.	2,880,12	25. 5	,702 <u>,</u> 436.
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11	e)			-93,40)5.	0
	12	Total r	evenue - add lines 8 through 11 (must	equal Part VIII, column	(A), line 12).	<u></u>		31,218,87	10. 39	,923,260.
	13	Grants	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				7,426,45	<u> 8. 8</u>	,892,981.
	14	Beneti	ts paid to or for members (Part IX, colu	mn (A), line 4)			.	<u>-</u>	0	0
ses	15	Salarie	es, other compensation, employee bene	efits (Part IX, column (A), lines 5-10)		•	12,086,02		,921,233.
Expenses	Ioa	Total	sional fundraising fees (Part IX, column	(A), line 11e)			•		0	0
Ä	17	Other	undraising expenses (Part IX, column (I	D), line 25) ▶⊥	.,752,574	<u></u>	-		_	
	18	Total	expenses (Part IX, column (A), lines 11:	a-11d, 11f-24e)		• • • • •	• —	11,492,62	- + -	<u>,635,233.</u>
	19	Daven	expenses. Add lines 13-17 (must equal	Part IX, column (A), lin	e 25)	• • • • •	•	31,005,11		,449,447.
P 8		IVEACU	ue less expenses. Subtract line 18 from	i line 12. , <u>,</u>	<u> </u>	<u> </u>		213,75		,473,813.
ets	20	Totals	assets (Part X, line 16)				Doğu	ining of Current		nd of Year
Ass	21	Total	iabilities (Part X, line 26)				•	69,615,54		,305,738.
Net Assets Fund Balanc	22		sets or fund balances. Subtract line 21	from line 20			•	11,697,76		,911,732.
	rt II		nature Block	nominie zu	<u> </u>			57,917,78	10. 55	,394,006.
				s return, including accon	panying schedu	ules and stat	tements. a	and to the best o	f my knowledc	e and helief it is
true	, corre	ct, and	f perjury, I declare that I have examined thi complete. Declaration of preparer other than	officer) is based on all in	formation of whi	ch preparer	has any k	nowledge.		e and penel, it is
			-721 made					11	04 2	2015
Sig			Signature of officer			·		Date		
He	re	I	FARHAN IRSHAD		CFO					
			Type or print name and title				_			
De:		Print/	ype preparer's name	Preparer's signature		Date		Check	if PTIN	
Paid	ı Darer	QI W	EN LIANG	De wen draws		11.	4.2015	self-employ	' " 1	270238
•	Only	Firm's	name ►GRANT THORNTON LL	P		_		Firm's EIN ▶ 3		
		Firm's	address ▶757 THIRD AVE., 4TH FLOOR	NEW YORK, NY 10017	-2013				212-599-0	
May	the I	RS disc	cuss this return with the preparer shown	above? (see instruction	ns)	-			7	Yes No
For	Pape	rwork l	Reduction Act Notice, see the separate	e instructions.						om 990 (2014)

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you are	filing for an Automatic 3-Month Extension, of	omplete o	only Part I and check th	is box	> X					
	filing for an Additional (Not Automatic) 3-Mo plete Part II unless you have already been gran				8.					
a corporatio 8868 to rec Return for instructions)	iling (e-file). You can electronically file Form of an required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona. For more details on the electronic filing of the tomatic 3-Month Extension of Time. On	al (not aut forms liste I Benefit (is form, vis	tomatic) 3-month exten ed in Part I or Part II wi Contracts, which must sit www.irs.gov/efile and	ision of time. You can electronica ith the exception of Form 8870, t be sent to the IRS in paper to d click on <i>e-file for Charities & Non</i>	lly file Form Information format (see					
	n required to file Form 990-T and requesting									
Part I only . All other cor	porations (including 1120-C filers), partnersh				▶ ☐					
to file incom	e tax returns. Name of exempt organization or other filer, see in	etructions		Enter filer's identifying number, se						
Type or	Name of exempt organization of other mer, see in	su ucuons.		Employer identification number (EIN)	or					
print	HIAS, INC.			13-5633307						
File by the	Number, street, and room or suite no. If a P.O. box	k, see instruc	ctions.	Social security number (SSN)						
due date for filing your	333 SEVENTH AVENUE, 16TH FLOO	R		Control of the contro						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	NEW YORK, NY 10001									
	eturn code for the return that this application	s for (file a	separate application fo	or each return)	01					
Application		Return	Application		Return					
ls For		Code	ls For		Code					
	r Form 990-EZ	01	Form 990-T (corporat	ion)	07					
Form 990-B		02	Form 1041-A	m imali ida N	08					
Form 990-PI		03 04	Form 4720 (other that Form 5227	in individual)	09					
_	(sec. 401(a) or 408(a) trust)	05	Form 6069	<u> </u>	10					
	(trust other than above)	06	Form 8870		11 12					
	s are in the care of ▶FARHAN IRSHAD, 3 e No. ▶ 212 967-4100		NTH AVENUE, 16TH	I FLOOR NEW YORK, NY 100	001					
	anization does not have an office or place of l			ck this hov						
• If this is fo	or a Group Return, enter the organization's for	ur digit Gro	up Exemption Number ((GEN)						
for the whole	e group, check this box	it is for pa	art of the group, check t	this box and at						
	e names and EINs of all members the extensi		greap, encent	and and all						
until for the ► x	est an automatic 3-month (6 months for a cor 08/15_, 20_15_, to file the organization's return for: calendar year 20_14 or	exempt org	ganization return for the	e organization named above. The e	extension is					
	tax year beginning									
	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason: L Initial r	eturn Final return						
	change in accounting period	O T 4720		As a delication of the second						
	application is for Form 990-BL, 990-PF, 99 undable credits. See instructions.	0-1, 4/20	, or over, enter the	* 1	-					
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any re	afundable credits and	0					
	ted tax payments made. Include any prior yea				^					
c Balanc	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	quired, by using EFTPS	0					
	onic Federal Tax Payment System). See instru			3c \$	0					
Caution. If yo	u are going to make an electronic funds withdrawa	(direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form 8879-EO for	or payment					
instructions.					<u> </u>					
For Privacy A	Act and Paperwork Reduction Act Notice, see Instr	uctions.		Form 8868	(Rev. 1-2014)					

Form 8868 (R	tev. 1-2014)				Page 2			
• If you are	e filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part	Il and check this box	> X			
Note. Only	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	n on a previously filed Form 8868				
 If you are 	e filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1).	,	•			
Part II	Additional (Not Automatic) 3-Month Ex	xtension o	of Time. Only file the ori	ginal (no copies needed).				
				nter filer's identifylng number, see	instructions			
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E				
Type or								
print	HIAS, INC.			13-5633307				
	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)				
File by the due date for	333 SEVENTH AVENUE, 16TH FLOO	R						
filing your	City, town or post office, state, and ZIP code. For	dress, see instructions.	 					
return. See instructions.	NEW YORK, NY 10001	_						
Enter the R	Return code for the return that this application	is for /file s	separate application for e	ach return)	. 01			
Applicatio	on	Return	Application	acii letuili)				
Is For		Code	is For		Return			
	or Form 990-EZ	01	IS FUI		Code			
Form 990-			Enem 4044 A					
	0 (individual)	02	Form 1041-A		08			
Form 990-		03_	Form 4720 (other than in	ndividual)	09			
	 :	04	Form <u>52</u> 27		10			
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
	-T (trust other than above)	06	Form 8870		12			
310P: D01	not complete Part II if you were not already ks are in the care of PEARHAN IRSHAD, 3	granted ar	n automatic 3-month exte	nsion on a previously filed Forn	n 8868.			
for the who list with the I requision For case If the T	for a Group Return, enter the organization's for the group, check this box	f it is for pan is for. In is for. In it is for. In it is for. In it is for pan is for. In it is for pan is for pan is for. In it is for pan is for	, 20 , a ck reason: Initial re	box ▶ and atta 11/15 , 20 15 . nd ending	20			
nonrei b If this estima amoun c Balan	application is for Forms 990-BL, 990-PF, 9 fundable credits. See instructions. s application is for Forms 990-PF, 990-T, ated tax payments made. Include any print paid previously with Form 8868. ce Due. Subtract line 8b from line 8a. Include ronic Federal Tax Payment System). See instru	4720, o ior year o your paym	r 6069, enter any refu overpayment allowed as nent with this form, if requi	ndable credits and a credit and any 8b \$ ired, by using EFTPS 8c \$	<u>0</u> <u>0</u>			
Under penä knowledge a	ties of perjury, I declare that I have examined the nd belief, it is true, correct, and complete, and that I	his form. in	cluding accompanying sche		best of my			
Signature >			Title ►	Date ▶				
				Form 8868	(Rev. 1-2014)			

	n 990 (2014) Page 2
Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	SEE SCHEDULE O
	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?
	It "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	ii res, describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ _{18,053,321} including grants of \$ _{132,818} .) (Revenue \$)
	ATTACHMENT 1
	(Code:) (Expenses \$
4-	
	(Code:) (Expenses \$1,689,077. including grants of \$1,328,210.) (Revenue \$)
	THE MATCHING GRANT PROGRAM PROVIDES BASIC NEEDS SUPPORT, CASE
	MANAGEMENT AND INTENSIVE EMPLOYMENT SERVICES TO CERTAIN REFUGEES
	RESETTLED BY THE HIAS RESETTLEMENT NETWORK FOR UP TO SIX MONTHS
	AFTER THEIR ARRIVAL IN THE UNITED STATES. THE GOAL OF THIS
	PROGRAM IS TO ENABLE PARTICIPATING REFUGEES TO BECOME ECONOMICALLY
	SELF-SUFFICIENT THROUGH EMPLOYMENT BEFORE THE END OF THIS SIX MONTH PERIOD. ONLY THOSE REFUGEES DEEMED EMPLOYABLE, AND LIKELY
,	TO BECOME EMPLOYED IN THIS SHORT TIME FRAME, ARE SELECTED TO
	PARTICIPATE IN THIS PROGRAM. IN PROGRAM YEAR 2014, 633 REFUGEES
	COMPLETED THE PROGRAM, AND 69% WERE SELF-SUFFICIENT SIX MONTHS
	AFTER THEIR ARRIVAL IN THE U.S.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 32 046 897

Part	IV Checklist of Required Schedules			age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
-	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	X	
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	_8		_x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	_ 9		_ X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V,		77	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Х	
•••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ X
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>1</u> 1e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	11f	X	
	complete Schedule D, Parts XI and XII	420		v
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		_ <u>x</u> _
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_ X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	X	
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	4.7		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If IIVanii to line One did the acceptant and the second se	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	discualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		_	
	or IV, and Part V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_		
	19? Note. All Form 990 filers are required to complete Schedule O		x	
			990	/2014

a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 47 b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable. 1b 0 c Did the organization comply with backury withholding rules for reportable payments to vendors and reportable gaming (gambling) witnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the cellendar year ending with or within the year covered by this return 2a 67 b if at least one is reported on line 2a, did the organization line all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a bif 1'Yes.' has filed a Form 890-T for this year? If 1'No¹ to file 80, powide an explanation in Schedule 0 39 4a At any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreigin country! See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction? 5 If 'Yes,' enter the name of the foreign country: See instructions recitive the organization that it was or is a party to a prohibited tax sheller transaction? 5 If 'Yes,' do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sellot any contributions that the ware on tax deductible as charitable contributions or gifts were not tax deductible with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangble personal property	Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
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b If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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Form 990 (: 7079JL 700J V 1 4-7.3F PA			Form	990	(2014

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 21 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c Х 13 13 Х 14 Did the organization have a written document retention and destruction policy?........... 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 3 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Another's website | X | Upon request | Other (explain in Schedule O) 19 Describe in 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: FARHAN IRSHAD 333 SEVENTH AVENUE, 16TH FLOOR NEW YORK, NY 10001 JSA Form 990 (2014)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2014) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII Independent Contractors 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any	·					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)ROBERT ARONSON	1.00										
DIRECTOR		х						l	ol		
(2)JEFFREY BLATTNER	1.00		П		_	-		_	<u> </u>		
DIRECTOR	·	х						l	l		
(3)EUGENIA BRIN	1.00								_		
DIRECTOR	0	х						l	ol ol		
(4)ANN F. COHEN	1.00	_									
DIRECTOR	0	х						l	ol		
(5)JANE GINNS	1.00							_			
DIRECTOR	0	х						l	o		
(6)ALEXANDER M. GORDIN	1.00							_			
DIRECTOR	0	х						l	0		
(7)LEE M. GORDON	1.00										
DIRECTOR	0	Х						ا	o		
(8)ALBERT HAYOUN	1.00							_			
DIRECTOR	o	Х						(
(9)BENITA FAIR LANGSDORF	1.00		\Box								
DIRECTOR	0	х						0	ol		
10)RENE LERER	1.00								-		
SECRETARY/TREASURER	-	х		x				1 0	o		
11)DIANE F. LOB	1.00										
CHAIR-ELECT	0	Х		х			1	(
12)JAMIE F. METZL	1.00					-		_	<u> </u>	_	
DIRECTOR	0	Х									
13)NEIL M. MOSS	1.00										
VICE CHAIR	0	х		x	İ				o		
14)SANFORD K. MOZES	1.00		П	\Box						_	
DIRECTOR		х									

Form 990 (2014)

4E1041 1.000

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and l	Hig	hest Compensat	ed Employ	100S (CC	ontinue	: ∌d)	. aga t
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson lirect	e than o	an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensation		of tion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anizatio d relate anizatio	on ed
15) SHARON S. NAZARIAN	1.00	1							_				
DIRECTOR	0		ļ				_	_ 0		0			(
16) ALEXIS ORTIZ DIRECTOR	1.00	1											
17) DALE M. SCHWARTZ	1.00	+	-		-		⊢			9			
CHAIR OF THE BOARD	+ 1.00	1		х									
18) ERIC P. SCHWARTZ	1.00			^	-					0			
DIRECTOR	1	x								۸			(
19) SANDRA D. SPINNER	1.00		\vdash					-		~ ~			
DIRECTOR	0	х						0		0			(
20) YULI WEXLER	1.00									- 			
DIRECTOR	0	x						0		o			(
21) PHILIP E. WOLGIN	1.00	_										_	
DIRECTOR	0	х	}					0		o			(
22) MICHELLE WACHTEL	1.00												
DRECTOR (THRU 6/2014)	0	Х					_	0		0			(
23) MARC SILBERBERG	1.00												
DIRECTOR (THRU 6/2014)	0	Х						0		0			(
24) HON. HAROLD BERGER	1.00												
DIRECTOR (THRU 6/2014)	0	X						0		0			(
25) NORMAN RESNICOW	1.00												
DIRECTOR (THRU 6/2014)	0	Х						0					
1b Sub-total								1 577 600		0			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						• • •		1,577,692. 1,577,692.		0		57,4	
2 Total number of individuals (including but not	limited to t	hose	iste	d a	bov	e) wh	o re		\$100,000 o	of		57,4	<u> 115.</u>
reportable compensation from the organization	on ▶	1	<u> </u>					<u></u>					T
3 Did the organization list any former office	cer directo	r or	+	ieto	_	kau i	m	vlovoo or highes		-4l		Yes	No
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	ividi	ual	· · ·			noyee, or riighes	t compensa	neo	3		х
4 For any individual listed on line 1a, is the													- 21
organization and related organizations gr	eater than	\$15	ine (007	pei	isalio "Ye:	na s"	na otner compent complete Schedu	sation from No. 1 for s	tne wch			
individual							• •	• • • • • • • • • • •			4	х	
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on ·	fron	n anv	un	related organization	on or individ	lual			
for services rendered to the organization? If "Y	'es," comple	te Sch	nedu	ile J	l for	such	per	son	<u> </u>		5		x
Section B. Independent Contractors													
Complete this table for your five highest concompensation from the organization. Report year.	npensated i compensati	ndepe on for	ende the	ent ca	con	tracto dar ye	ear e	that received more ending with or with	than \$100, nin the orga	,000 of nization	's tax		
(A) Name and business ad	drees							(B)		_	(C)		
ATTACHMENT 4						_	+	Description of se	a VICOS		ompens		
THE TAXOTH INITIAL T		_					+			_			
							+						
							+	<u> </u>					
							+						
2 Total number of independent contractors (i	ncluding bi	ut not	t lin	nite	d to	thos	se I	isted above) who	received				
more than \$100,000 in compensation from the	ne organiza	tion 🌗	>			8			. 5551750				

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	уө	95,	and I	ligi	hest Compensat	ed Employe	es (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	unles	Pos heck ss pe	erson	than of the hard true Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-Mi	from	Estin arnou oth compe from organ and n	r) nated unt of her ensation n the lzation related izations
26) MARK HETFIELD	35.00					6		_	_	\dashv		
PRESIDENT AND CEO	0			Х				318,472.		0	1	7,851
27) FARHAN IRSHAD CFO	35.00 0	1		х				125,969.		0		8,347
28) FRANCINE S. STEIN	35.00	1										
SENIOR ADVISOR	0			Х	_			140,020.		0	1	0,409
29) SUSSAN KHOZOURI SENIOR VP	35.00				х			184,348.		0	2	2,052
30) RIVA SILVERMAN	35.00	1										
VP EXTERNAL AFFAIRS	0	 -	┡		X		_	200,981.		0	4	6,096
31) MARK E. MILDNER	35.00	1						120 500			_	
VP FINANCE/ADMIN (THRU 6/2014) 32) JENNIE C. ROSENN	25.00	+	-		-	X		132,529.		9	1	0,430
VP OF COMMUNITY ENGAGEMENT	35.00	1		ļ		х		150 402	ļ		1	0 140
33) FRANK ROTONDI	35.00	-		-	┼┈	_		159,493.		4		0,149
IT DIRECTOR	1-33.00	1				x		109,249.			4	2 562
34) JANE DANIELLO	35.00	 	\vdash			21		100,240.		\dashv		2,562
DIRECTOR FINANCE & ACCOUNTING	0	-				x		105,913.		٨	4	1,985
35) BARBARA L. ABRAMOWITZ	35.00		t		 	 -		200,525.		<u>_</u>		<u> </u>
GRANTS DIRECTOR	0	<u> </u>	1_	<u> </u>		Х		100,718.		0	1	7,534
	-	1		ŀ								
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t	those	liste				►O re	eceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the organization and related organizations grindividual	cer, directo lule J for su sum of re eater thar	ch ind portat n \$15	r tri divid	ual com 0001	 npei ? <i>li</i>	nsatio	 na s,"	nd other compen- complete Schedu	sation from the	he ch	3	Yes Ne
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	es," comple	mper <i>te Sci</i>	isati hedi	ion ule .	tror <i>J foi</i>	n any <i>such</i>	un per	irelated organizati rson	on or individu •••••••	ial	5	Х
Section B. Independent Contractors											_	
 Complete this table for your five highest com- compensation from the organization. Report of year. 	npensated i compensat	indepo ion fo	ende r the	ent e ca	cor alen	tracto dar ye	ear e	that received more ending with or wit	than \$100,0 hin the organi	00 o izatio	f n's tax	
(A) Name and business ad	dress				_			(B) Description of se	ervices	C	(C) compensa	tion
2 Total number of independent contractors (i more than \$100,000 in compensation from the	including b ne organiza	ut no	t lir	nite	ed t	o tho	se	listed above) who	received			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII............. (B) Related or (C) Unrelated Total revenue Revenue business exempt excluded from tax revenue function under sections revenue 512-514 Giffs, Grants Ilar Amounts 1a 207,741. Federated campaigns 1b 1c c 1d Contributions, and Other Sim e Government grants (contributions). . 1e 19,531,773. f All other contributions, gifts, grants, 13,102,102 and similar amounts not included above . Noncash contributions included in lines 1a-1f. \$ _ 32,841,616 Program Service Revenue **Business Code** 2a SERVICE FEE & OTHER REVENUE 900099 797,445 797,445 b MIGRANT LOAN PROCESSING FEES 900099 581,763. 581,763 f Ali other program service revenue Total. Add lines 2a-2f 1,379,208. Investment income (including dividends, interest, and other similar amounts). 1,526,475 1,526,475. Income from investment of tax-exempt bond proceeds . Royalties (i) Real 6a Gross rents 47,688. 47,688. b Less: rental expenses . . . c Rental income or (loss) . . d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 20,324,829. b Less: cost or other basis and sales expenses 16,148,868. 4,175,961. c Gain or (loss) l 4,175,961 4,175,961. 8a Gross income from fundraising Other Revenue events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** 11a

4E1051 1.000

Total revenue. See instructions

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5,702,436.

39,923,260.

1.379.208

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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).

Oo not include amounts reported on lines 6b, 7b, lb, 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		ехрензев	gerieral experises	expenses
and domestic governments. See Part IV, line 21	8,750,163.	8,750,163.		
2 Grants and other assistance to domestic				10 10 1
individuals. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	132,818.	132,818.		
4 Benefits paid to or for members	q			
5 Compensation of current officers, directors,				
trustees, and key employees	1,104,546.	255,127.	701,173.	148,246
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	o			
7 Other salaries and wages	10,118,971.	9,212,607.	353,442.	552,922
8 Pension plan accruals and contributions (include				•
section 401(k) and 403(b) employer contributions)	220,458.	207,352.	9,401.	3,705
9 Other employee benefits	1,212,158.	910,736.	156,749.	144,673
10 Payroll taxes	1,265,100.	1,209,318.	33,797.	21,985
1 Fees for services (non-employees):				
a Management	o			
b Legal	42,572.	32,918.	5,054.	4,600
c Accounting	358,608.	249,183.	86,270.	23,155
d Lobbying	3,441.	3,441.		
e Professional fundraising services. See Part IV, line 17	o			***
Investment management fees	341,188.		341,188.	
g Other. (if line 11g amount exceeds 10% of line 25, column	•		_	
(A) amount, list line 11g expenses on Schedule O.).	2,822,707.	2,222,002.	471,847.	128,858
12 Advertising and promotion	9,329.	3,364.	5,469.	496
13 Office expenses	1,732,512.	1,212,975.	85,944.	433,593
14 Information technology	826,709.	676,798.	63,098.	86,813
I5 Royalties	o			•
16 Occupancy	2,337,589.	2,041,269.	163,110.	133,210
I7 Travel	4,319,284.	4,186,269.	99,144.	33,871
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	d			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0		_	
22 Depreciation, depletion, and amortization	199,163.	152,060.	13,096.	34,007
23 Insurance	0			
24 Other expenses. Itemize expenses not covered	· ·		-	
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aRESETTLEMENT DOCUMENTATION	439,910.	439,910.		
bSUBSCRIPTIONS & MEMBERSHIPS	146,191.	138,587.	5,164.	2,440
cBUSINESS RELOCATION	56,030.	130,307.	56,030.	2,440
	30,030.		20,030.	
d		-		
e All other expenses Add lines 1 through 24e	36,449,447.	32,046,897.	2 549 976	1 750 574
 Total functional expenses. Add lines 1 through 24e 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 	30,443,447.	32,V 4 0,03/.	2,649,976.	1,752,574
following SOP 98-2 (ASC 958-720)	0			Form 990 (201

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Part				
	Check if Schedule O contains a response or note to any line in this Par	t X	• • •	
		(A) Beginning of year		(B) End of year
	Cash - non-interest-bearing	q	1	0
	2 Savings and temporary cash investments	2,258,434.	2	4,264,02 <u>6.</u>
	Pledges and grants receivable, net	7,128,954.	_3	4,701,54 <u>0</u> .
]. 4	Accounts receivable, net	96,300.	4	767,009 <u>.</u>
	5 Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.		i	
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	
	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
-	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
45	organizations (see instructions). Complete Part II of Schedule Language (1995)	q		_ (
Assets	Notes and loans receivable, net	d	7	
A S	B Inventories for sale or use		8	(
Ì	Prepaid expenses and deferred charges	379,197.	9	381,164.
1	a Land, buildings, and equipment: cost or			
	cther basis. Complete Part VI of Schedule D 10a 3,066,144.			
	b Less: accumulated depreciation	507,022.	\rightarrow	512,336.
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	57,949,692.		58,541,400.
1			12	
1	Investments - program-related. See Part iV, line 11		13	(
1			14	
1	5 Other assets. See Part IV, line 11	1,295,943.	15	138,263.
1	<u> </u>	69,615,542.	16	69,305,738.
1		4,350,703.		2,899,447.
1			18	
1	[#] [#] [#] [#] [#] [#] [#] [#] [#] [#]		19	
2			20	(
<u>s</u> 2	, ,	0	21	(
Liabilities N N	1 1			
jab	trustees, key employees, highest compensated employees, and			
_	disqualified persons. Complete Part II of Schedule L	0	22	
2	, , , , , , , , , , , , , , , , , , , ,	0	23	-
2		C	24	•
2				
	parties, and other liabilities not included on lines 17-24). Complete Part X	5 345 350		44 040 005
_	of Schedule D	7,347,059.		11,012,285.
2		11,697,762.	26	13,911,732
Se Se	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34.		l	
ğ 2		48,649,116.	27	48,851,423
평 2		7,006,274.	28	4,259,849
[2		2,262,390.	29	2,282,734
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
2 3	O Capital stock or trust principal, or current funds		30	
386	1 Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 3	2 Retained earnings, endowment, accumulated income, or other funds		32	
Ne S	3 Total net assets or fund balances	57,917,780.	33	55,394,006.
	4 Total liabilities and net assets/fund balances	69,615,542.	34	69,305,738.
				Earn 990 (201)

Form **990** (2014)

	90 (2014)				Pa	ge 12
Par						
	Check if Schedule O contains a response or note to any line in this Part XI					х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23,2	260.
2	Total expenses (must equal Part IX, column (A), line 25)	2		36,4	49,4	147.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	3,4	73,8	313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	Ē	7,9	17,	780.
5	Net unrealized gains (losses) on investments	5	_	3,5	35,3	365.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8		1,0	34,	937.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	3,4	97,	L59.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	T				
	33, column (B))	10	5	55,3	94,(006.
Part	XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		<u></u> .	
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for					
	of the audit, review, or compilation of its financial statements and selection of an independent acceptable.	counta	nt?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, or	explair	in			
_	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a_	X	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits or	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.		3b	Х	<u> </u>

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

HIZ	AS,	INC.					13	-5633307
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplete	e this pa	art.) See instruction:	s.
The	org	anization is not a private fou	indation because it	is: (For lines 1 through	h 11, ch	eck only	one box.)	
1		A church, convention of ch						
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E.)				
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organia	zation operated in	conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)(iii). Enter the
	_	hospital's name, city, and s	tate:					. ,
5	$ldsymbol{ld}}}}}}$	An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	_	section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6	Ш	A federal, state, or local go						
7	X	An organization that norm	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
	_	described in section 170(b)(1)(A)(vi). (Compl	ete Part II.)				
8	Ш	A community trust describe						
9		An organization that norm	ally receives: (1) m	nore than 331/3% of	its suppo	ort from	contributions, memb	ership fees, and gross
		receipts from activities rel						
		support from gross inves	tment income an	d unrelated business	taxable	income	e (less section 511	tax) from businesses
	$\overline{}$	acquired by the organization						
10	Щ	An organization organized						
11		An organization organized	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to ca	irry out the purposes of
		one or more publicly suppo	rted organizations	described in section 8	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	_	the box in lines 11a throug						
а	L	Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or trus	stees of the supporting
	г	organization. You must c						
b	L	☐ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizat	ion(s), by having
		control or management of			the sam	e persor	is that control or mai	nage the supported
_	Г	organization(s). You must						
C	L	☐ Type III functionally inte						illy integrated with,
_	Г	its supported organization						
d	L_	Type III non-functionally	Integrated. A sup	porting organization o	perated	in conn	ection with its suppor	rted organization(s)
		that is not functionally interest	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
Θ	_	requirement (see instruct						
•	_	Check this box if the organization or continuous con						II, Type III
f	En	functionally integrated, or ter the number of supported	organizations	ionally integrated sup	porting c	organizai	ion.	
G		ovide the following informati						
		ame of supported organization	(ii) EIN	(iii) Type of organization	fiv) is the	organization	(v) Amount of monetary	(vi) Amount of
			. ,	(described on lines 1-9		ur governing	support (see	other support (see
				(see instructions))	docui	ment?	instructions)	instructions)
				, "	Yes	No		
(A)								
<u> </u>								
(B)								
(C)								
								_
(D)								
. ,								
(E)								
Tota	ıl							
			1				i	1

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.)

Sec	tion A. Public Support	'			·		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,998,660.	22,866,188.	24,441,354.	26,899,251.	32,841,616.	128,047,069.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	20,998,660.	22,866,188.	24,441,354.	26,899,251.	32,841,616.	128,047,069.
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).						0
6	Public support. Subtract line 5 from line 4.						128,047,069.
<u>Sec</u>	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	20,998,660.	22,866,188.	24,441,354.	26,899,251.	32,841,616.	128,047,069.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,048,873.	2,042,048.	1,742,755.	1,408,343.	1,574,163.	8,816,182.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	404,452.					404,452.
11	Total support. Add lines 7 through 10						137,267,703.
12	Gross receipts from related activities, etc. (s	-				12	5,464,088.
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax ye	aras a section	501(c)(3) ▶
	tion C. Computation of Public Sup			_		T. I	
14	Public support percentage for 2014 (li					14	93.28%
15	Public support percentage from 2013					15	92.91%
108	331/3% support test - 2014. If the of this box and stop here. The organization						
h	331/3% support test - 2013. If the o						
	check this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 2	_		•			
	10% or more, and if the organization						
	Part VI how the organization meets t						
ь	organization		ganization did n	ot check a box	on line 13, 16		and line
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	on meets the '	facts-and-circum	nstances" test.	The organization	on qualifies as a	publicly
18	Private foundation. If the organization instructions	did not check	a box on line 13	, 16a, 16b, 17a	ı, or 17b, check	this box and see	• _
						Schodulo A (Form 6	00 000 ET 0044

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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		1				
	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	Í					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3					_	
	received from disqualified persons						
ь	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		1				
	line 6.)						
Sec	tion B. Total Support		•	I	· · · · · · · · · · · · · · · · · · ·		
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6,	,					.,
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
h	sources				- .	_	
_	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 five years. If the Form 990 is for						
<u> </u>	organization, check this box and stop here			<u> </u>	<u> </u>	<u></u> <u>.</u>	<u>.</u> ▶
	tion C. Computation of Public Sur			 .			
15	Public support percentage for 2014 (line 8					15	<u></u> %_
16	Public support percentage from 2013 School			<u>.</u>	<u></u>	16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2014 (li					17	%
18	Investment income percentage from 2013					18_	%
19 a	331/3% support tests - 2014. If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2013. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19k	o, check this be	ox and see instr	ructions >

2

3a

3b

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

		е
on A. All Supporting Organizations	/	
		Ye
	1	
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by

	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If

- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	3c	
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	<u>4a</u>	
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JSA 4E1229 2.000

	P. 41.444	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	2			
	3			
ee instructions):				

Section E. Type III Functionally-Integrated Supporting Organizations

_	Activities Test Anguny (a) and (b) helevy	Yes	No
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	J.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
а	The organization satisfied the Activities Test. Complete line 2 below.	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):	

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a 2b 3a

JSA 4E1230 2.000 Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must com-			
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)
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7	 _	
8 Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		_
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	+-		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		ated Type III supporting	organization (see
instructions)	, .		Januaron (400

Schedule A (Form 990 or 990-EZ) 2014

1 alt	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	i ons (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		-
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		<u> </u>	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			, <u></u>
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 201 4
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		<u>_</u>	
a	<u></u>			
b_				
<u>c</u>				
d				
<u>e</u>	From 2013			
f_	Total of lines 3a through e			
<u>g</u> _	Applied to underdistributions of prior years			
h_	Applied to 2014 distributable amount		<u> </u>	
	Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section	-		
•	D, line 7:			
— Б	Applied to 2014 distributable amount			
5	Remaining underdistributions for years prior to 2014, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3	-		
	and 4c.			
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to 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," to 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 un	der section 501(h)): Co	mplete Part II-A. Do not com	plete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B. Do no	t complete Part II-A.
f the	organization answered "Yes,"	to Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-E	Z, Part V, line 35c (Proxy
i ax)	(see separate instructions), then				•
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			Employer ide	ntification number
HIA	S, INC.			13-56	
Pai	t I-A Complete if the o	rganization is exempt under	section 501(c) or i	s a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV.	
2					
3	Volunteer hours				
•				—	
Par	t I-B Complete if the o	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5 > \$	=======================================
2	Enter the amount of any exc	sise tax incurred by organization m	anagers under section	on 4955 🕨 \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		. Yes No
	Was a correction made?		Tree ior the years,		· · Has Has
h	If "Yes," describe in Part IV.				, . Yes No
		organization is exempt under	eaction 501/c) av	cont coction E01/o\/2	<u> </u>
					·)
1		expended by the filing organization			
2		ng organization's funds contributed			
	527 exempt function activities	es		▶\$	
3		enditures. Add lines 1 and 2. En			
4	Did the filing organization file	e Form 1120-POL for this year?			
5	Enter the names addresses	and employer identification numb	or (EIN) of all postic	n 527 political arresi-	, . Yes No
•	organization made payment	s. For each organization listed, en	ter the amount naid	I from the filing organiza	ations to which the filing
	the amount of political cont	ributions received that were prom	notiv and directly de	livered to a separate no	litical organization such
	as a separate segregated fur	nd or a political action committee (PAC). If additional so	ace is needed provide i	nformation in Part M
	(a) Name				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political
				funds. If none, enter -0	contributions received and promptly and directly
				Turius. Il fioric, eriter -0	delivered to a separate
					political organization. If
					none, enter -0
(1)	 -			<u> </u>	
. */			1		
(0)			<u> </u>		
(2)			-		
(3)			1		
(4)					
(5)					
			1		
(6)			_		
,			1		
_			1	<u> </u>	<u> </u>

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

Schedule C (Form 990 or 990-EZ) 2014

Pá	ort II-A Complete if the organization 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elect	tion under
Α	Check ▶ if the filing organization name, address, EIN, exp	belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend	art IV each affiliated gro ditures).	oup member's
В	Check ▶ if the filing organization	checked box A and "limited control" provisi	ons apply.	
		ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	15,308.	
Ŀ	Total lobbying expenditures to influence	a legislative body (direct lobbying)	9,690.	
C	Total lobbying expenditures (add lines 1	a and 1b) , , , , , , , , , , , , , , , [24,998.	.
C	Other exempt purpose expenditures		36,083,261.	
		d lines 1c and 1d)	36,108,259.	
f	Lobbying nontaxable amount. Enter the	e amount from the following table in both		
	columns.		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.		
٤	Grassroots nontaxable amount (enter 25	5% of line 1f)	250,000.	
ŀ		ess, enter -0- ,	0	0
í		ss, enter -0	0	0
J	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?	<u></u>		Yes No
	•	4-Year Averaging Perlod 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) 2011	(b) 2012	(c) 2013	(d) 2014	(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	80,033.	47,175.	25,688.	24,998.	177,894.				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures	21,292.	19,461.	16,300.	15,308.	72,361.				

Schedule C (Form 990 or 990-EZ) 2014

Page 2

descri	and Man II wanning to the day the said of the less and the Det By a detailed	(4	a)		(b)
Г	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No		Amo	unt
	During the year, did the filing organization attempt to influence foreign, national, state or local egislation, including any attempt to influence public opinion on a legislative matter or					
г	eferendum, through the use of:					
a \	olunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C V	Media advertisements?					
di N e F	Mailings to members, legislators, or the public?					
f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?			_		
g C	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j 7	Fotal Add lines 1c through 1i					
a [Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b li	f "Yes," enter the amount of any tax incurred under section 4912					
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 50					
CIT	501(c)(6).	r(G)(S)	, or s	ecuo	n.	
						Yes
V	Nere substantially all (90% or more) dues received nondeductible by members?				1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
L	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50				3	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,	. OK (b) Pa	rt III-/	A, line	· 3, is
	answered "Yes." Dues assessments and similar amounts from members		· · · ·	rt III-/	A, line	3, is
: S	answered "Yes." Dues assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount and colltical expenses for which the section 527(f) tax was paid).	ounts	of		A, line	3, is
a C	answered "Yes." Dues assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount of the section 527(f) tax was paid). Current year	ounts	of	1 2a	A, line	3, is
р а С b С	answered "Yes." Dues assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amountaille and political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ounts	of	1 2a 2b	A, line	3, is
a C b C c T	answered "Yes." Dues assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amountail expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ounts	of	1 2a 2b 2c	A, line	3, is
a C b C c T	answered "Yes." Dues assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Durrent year Carryover from last year Fotal Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) di	ounts	of	1 2a 2b	A, line	3, is
e S a C b C c T s	answered "Yes." Dues assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount and political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of notices were sent and the amount on line 2c exceeds the amount on line 3, what portices	ounts Jues of	1 2a 2b 2c	A, line	3, IS	
p a C b C T A H	answered "Yes." Dues assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) did notices were sent and the amount on line 2c exceeds the amount on line 3, what portices are sent and the amount on line 2c exceeds the estimate of nondeductible excess does the organization agree to carryover to the reasonable estimate of nondeductible	unts ues n of the	of	1 2a 2b 2c 3	A, line	3, IS
p a C b C c T	answered "Yes." Dues assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount and political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of notices were sent and the amount on line 2c exceeds the amount on line 3, what portices	unts ues n of the	of	1 2a 2b 2c	A, line	3, IS

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Schedule C (Form 990 or 990-EZ) 2014

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990,

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number HIAS, INC 13-5633307 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part i Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a Ь 2b Number of conservation easements on a certified historic structure included in (a) C 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i). In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

Schedule D (Form 990) 2014

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If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2014

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,446,901.

1,999,018

447,883.

512,336.

HIAS, INC.

Schedule D (Form 990) 2014

Page 3

Part VII Investments - Other Securities. Complete if the organization answered "Yes	s" to Form 990, I	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
) Financial derivatives		-
) Closely-held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		·
(H)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Investments - Program Related. Complete if the organization answered "Yes	s" to 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)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. Complete if the organization answered "Ye	es" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descript	ion	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 1	5.)	
	es" to Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		156
(2) SEVERANCE OBLIGATIONS	660,7	
(3) PENSION OBLIGATIONS	5,224,4	
(4) CLIENT DEPOSITS	3,563,6	
(5) DEFERRED RENT	188,8	
(6) ANNUITY OBLIGATIONS	1,374,7	707.
(7)		
(8)	 	
(9)	11 010 0	105
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,012,2	

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Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS - PRIOR PERIOD ADJUSTMENT

SCHEDULE D, PART V, LINE 1E:

INCLUDED IN LINE 1E, "OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS" IS A \$5,923,003 PRIOR PERIOD ADJUSTMENT.

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

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

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2:

HIAS FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN
INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN,
INCLUDING ISSUES RELATING TO CONSOLIDATED FINANCIAL STATEMENT RECOGNITION
AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN
UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL
STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED
IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE
STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST
AND PENALTIES, AND DISCLOSURE. MANAGEMENT BELIEVES THERE ARE NO
UNCERTAIN TAX POSITIONS THAT WOULD HAVE AN IMPACT ON THE ACCOMPANYING
CONSOLIDATED FINANCIAL STATEMENTS. THE TAX YEARS ENDED 2011, 2012, 2013
AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 HIAS, INC.

13-5633307

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Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XI, LINE 2D:

CHANGE IN MINIMUM PENSION LIABILITY:

(\$3,010,933)

ACTUARIAL LOSS ON SPLIT-INTEREST AREEMENTS:

(\$89,996)

TOTAL:

(\$3,100,929)

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEUDLE D, PART XII, LINE 2D:

REFUND OF CONTRIBUTIONS TO THE DONOR:

\$396,230

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

HIP	AS, INC.				13-5633307	
Par	t I General Information of Form 990, Part IV, line 14		Outside the U	Inited States. Complete	if the organization answe	red "Yes" on
1	For grantmakers. Does the organ assistance, the grantees' eligibility grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's pr	ocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow (a) Region	ring Part I, line (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in region	duplicated if additional sp (d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
	EUROPE	1	40.	PROGRAM SERVICES	REFUGEE PROCESSING	3,450,297.
_(2	MIDDLE EAST AND NORTH AFRICA	1.	14.	PROGRAM SERVICES	REFUGEE PROCESSING	319,458.
_(3	MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		125,500.
_{4	RUSSIA/INDEPENDENT STATES	1.	17.	PROGRAM SERVICES	REFUGEE PROCESSING	739,074.
_(5	SOUTH AMERICA	4.	158.	PROGRAM SERVICES	REFUGEE PROCESSING	6,451,681.
_(6	SUB-SAHARAN AFRICA	3.	251.	PROGRAM SERVICES	REFUGEE PROCESSING	4,647,485.
_{7	RUSSIA/INDEPENDENT STATES			GRANIMAKING		7,318.
(8	RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	SCHOLARSHIP ADMIN	1,574.
_(9						
<u>(10</u>						_

(16)(17) 3a Sub-total....... 10, 480. 15,742,387.

sheets to Part I c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2014

15,742,387.

(11)

(12)

(13)

(14)

(15)

b Total from continuation

HIAS, INC. 13-5633307

		(b) IRS code section and EIN (if applicable)	(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	valuation (book, FMV appraisa!, other)
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3)								
4)					<u> </u>			
5)	=							
6)								

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HIAS, INC.

13-5633307

Schedule F (Form 990) 2014

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	50.	123,500.	CHECK			
(2) SCHOLFRSHIPS	RUSSI / NEWLY IND. STATES	7.	7,318.	CHECK			
(3)							
(4)							
_(5)							
_(6)							
(7)							
_(8)					_		
(9)							
(10)							
(11)		ļ					
(12)							
(13)							
(14)						_	
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2014

JSA 4E1276 1.000

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PAGE	•

Part	IV _	Foreign Forms			
1	the	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign coration (see Instructions for Form 926)	Yes	X N	lo
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Cwner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X N	lo
3	the :	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	Yes	X	lo
:4	quai <i>Info</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing (see Instructions for Form 8621)	Yes	X N	lo
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships (see Instructions for Form 8865)	Yes	X	lo
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to file Form 5713, International Boycott Report (see Instructions form 5713; do not file with Form 990)	Yes	X,	Na

Schedule F (Form 990) 2014

Part V Supplemental Information

Complete this part to 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).

PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES SCHEDULE F, PART I, LINE 2:

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

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" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

2014

Open to Public

Name of the organization HTAS. INC. 13-5633307 Part I General Information on Grants and Assistance 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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 (f) Method of valuation (book, FMV, appraisal, (b) EIN (d) Amount of cash grant (8) Amount of non-(g) Description of non-cash assistance (h) Purpose of grant or assistance (1) JEWISH PAMILY SPRVICES EFUJEE RECEP**TION** & 2245 S STATE ST #200 ANN TRBOR, MI 48104 41-2147486 501(C)(3) 176,279 PLACEMENT, PREF COMM (2) JEWISH FAMILY SERVICES REPUGER RECEPTION & 5750 PARK HZIGHTS AVE. BALTIMORE, MD 21215 52-0607909 501(C)(3) 8,150 PLICEMENT (3) JEWISH PAMLY & CHILDREN SVCS OF BAST BAY REPUGER RECEPTION & 1855 OLYMPIC BLVD WALNUT CREEK, CA 94596 94-3250304 501(C)(3) PLACEM NT, PLEP COMM (4) JEWISH FAMILY SERV OF BUFFALO & ERIE COUNTY REFUGEE RECEPTION L 70 BARKER ST. LUFFALO, NY 14209 16-0760888 501 (C) (3) 592.633 PLACEMENT, PREF COMM (5) CAROLINA REFUGEE RESETTLEMENT AGENCY REFUGEB RECEPTION & 5007 MONROE RD, STR 101 CHARLOTTE, NC 28205 30-0577219 |501(C)(3) 925,068 PLACEMENT, PREP COMM (6) JEWISH CHILD & FAMILY SERVICE REFUGEE RECEPTION & 216 W JACKSON BLVD (400 CHICIGO, IL 60606 36-2167757 501(C)(3) 24,325.

(7) JEMISH FAMILY SERVICE OF WESTERN MASS.	_			REFUGER RECEPTION &
15 LEGOX ST. SPRINGFIELD, MA 01108	04-2104352	501 (C) (3)	425,598.	PLACEMENT, PREF CO.D
(8) JEWISH VOCATIONAL SERVICES OF METROWEST	1			REFUGEE RECEPTION &
111 PROSPECT ST. EAST CRANGE, NJ 07017	22-1487229	501 (C) (3)	15,400.	PLACEMENT
(9) JEWISH PAMILY SERVICE OF SEATTLE				REFUJEE RECEPTION &
1209 CENTRAL AVE STE. 134 SENTILE, WA 98032	91-0565537	501(C)(3)	607,904.	PLACEMENT, PREF COM
(10) F.E.G.S HEALTH AND HUMAN SERVICES				REFUGEE RECEPTION &
315 HUDSON STREET NEW YORK, NY 10013	13-1624000	501 (C) (3)	299,798.	PLACEMENT, PLEF COM
(11) JEWISH FAMILY SERVICE OF METROWEST				REFUGEE RECEPTION &
475 FRANKLIS ST. #101 FRAMINSHAM, MA 01702	04-2730898	501 (C) (3)	31,075.	PLACEMENT
(12) GULF COAST JEWISH FAMILY & COMMUNITY SVCS.				REFUGEE RECEPTION &
14041 ICOT BLVD. CLEARWATER, FL 33760	59-1229354		436,138.	 PLACEMENT, PEP COM
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 table	
3 Enter total number of other organizations li	sted in the li	ne 1 table		
For Paperwork Reduction Act Notice, see the Instructi				 Schedule (Form 990) (2014)

JSA

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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" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990,

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

2014

Name	of the organization	Employer identinication number
HIA	S, INC.	13-5633307
Par	General Information on Grants and Assistance	
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the the selection criteria used to award the grants or assistance?	
	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Par	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space	

Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(a) 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
(1) HIAS & COUNCIL MIGRATION SERVICE CV PHIL.	1						REFUGEE RECEPTION &
2100 IRCH ST. PHILIDRIPHIA, PA 19103	23-1405597	501 (C) (3)	476,016.				PLACEMENT, PREF COM
(2) JEWISH FEDERATION OF GREATER LOS ANGELES							REFUGEE RECEPTION &
4311 WILSHIRE £211 LOS ANGELES, CA 90010	95-1643388	501 (C) (C)	308,810.				PLACEMENT
(3) JEWISH FAMILY SETVICES OF SILICON VALLEY	_					•	REFUGEE RECEPTION &
14855 OKA RI, STE. 202 LOS GNTOS, CA 95032	94-2536452	501 (C) (3)	256,412.				PLACEMENT
(4) UNITED JEWISH FEDERATION							REFUSEE RECEPTION &
234 MCKEE PLACE PITTSBURGH, PA 15213	25-1408703	501 (C) (3)	398,113.				PLI CEMENT
(5) JEWISH FAMILY & CHILDREN'S SERVICE							MATCHING GRANT &
5743 BERTLETT ST. PITTSBURGH, PA 15217	25-0965407	501(C)(3)	3,01,423.			<u>L</u> _	PREF COMMUNITIES
(6) JSSA OF GREATER ROCKVILLE							REFUGEE DECEPTION &
6123 MONTROSE RD. ROCKVILLE, MD 20852	53-0196598	501(C)(3)	44,975.			<u></u>	PLACEMENT
(7) JEWISH FAMILY SERVICE OF SAN DIEGO							REFUGEE RECEPTION &
8804 BALBC AVE. SAN DIEGO, C' 92123	95-1644024	501 (C) (3)	1,050,853.				PLACEMENT, PREF COM
(8) JEWISH PAMILY AND CHILDREN SERVICE							REFUGRE RECEPTION &
2534 JUDIH ST. SAN FRANCISCO, CA 94122	94-1156528	501 (C) (3)	5,775.			<u> </u>	PLACEMENT
(9) US TOGETHER, INC.							REFUGEE RECEPTION &
2021 DUBLIN-GRANVILLE RD COLUMBUS, OH 43229	83-0395108	501 (C) (3)	1,391,595.				PLACEMENT, PREF COM
(10) US TOGETHER, INC.							REFUGEE RECEPTION &
2940 NOBLE RD CLEVELAND HEIGHTS, OH 44121	83-0395108	501(C)(3)	518,121.				PLACEMENT, PREF COM
(11) US TOGETHER, INC.							REFUGEE RECEPTION 1
2629 ALISDALE DR. #204 TOLEDJ, OH 43606	83-0395108	501(C)(3)	20,800.				PLACEMENT
(12)							
2 Enter total number of section 501(c)(3) an	d covernmen	t organizations	listed in the line 4 t	able			21.

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

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

Schedule I (Form 990) (2014)

JSA

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13-5633307

Done	
raue	

Schedule I (Form 990) (2014) Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1 SCHOLARSHIPS	2.	10,000.			
<u> </u>		<u> </u>			
3	_				
4					
<u></u>					
.					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING GRANT FUNDS IN THE UNITED STATES

SCHEDULE I, PART I, LINE 2:

HIAS CONDUCTS WORLDWIDE OPERATIONS USING A SYSTEM OF INTERNAL CONTROLS TO

INITIATE, FROCESS, 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.

Schadule I (Form 990) (2014)

JSA

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the crganization

HIAS, INC.

Employer Identification number

13-5633307

Part	Questions Regarding Compensation			
4-	Charle the engrapsiate having if the engrapsion around a large file fall of the fall of th		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	Х	
3	Indicate which, if any, of the following the filing 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.			
			·	
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	1		
а	The organization?	5a		x
b	Any related organization?	5b	<u> </u>	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		x
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			<u> </u>
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		<u> </u>
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		-	
-	Regulations section 53.4958-6(c)?	9	i	

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

Schedule J (Form 990) 2014

HIAS, INC.

13-5633307

Schedule J (Form 990) 2014

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 in 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 are not 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & Incentive (iii) Other compensation compensation reportable compensation		reportable	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
MARK HETFIELD	(1)	288,467.		30,005.	15,958.	1,893.	336,323.	0
1 FRESIDENT AND CEO	(0)	d	:	c	q	d		
FARHAN IRSHAD	(1)	125,969.			6,481.	31,866.	164,316.	0
2 CFO	(ii)	C	(C	q			0
SUSSAN KHOZOURI	(i)	184,348.		C	9,338.	12,714.	206,400.	0
3 SENIOR VP	(11)	C		C	þ	0	C	0
FRANCINE S. STEIN	(i)	140,020.			7,154.	3,255.	150,429.	0
4 SENICR ADVISCR	((II)_	C		(q	0		0
RIVA SILVERMAN	(i)	200,981.			10,385.	35,711.	247,077.	0
5 VP EXTERNAL AFFAIRS	(ii)	C	() (q	0		0
JENNIE C. ROSENN	(1)	159,493.	() (8,060.	2,089.	169,642.	0
6 VP OF COMMUNITY ENGAGEMENT	(ii)				q			0
FRANK ROTONDI	(0)	109,249.	(5,885.	36,677.	151,811.	. 0
7 IT DIRECTOR	(ii)			(9			. 0
_	(0)							
В	(II)			<u> </u>			-	
	(0)							
9	(ii)							
	(0)							
_10	(ii)							
44	(i)					_		
	(ii)						·	
12	(i) (ii)							
. 12	(0)							
13	(0)						-	
10	(0)							
14	(ii)	· · · · · · · · · · · · · · · · · · ·						
··	(1)							
15	(0)			 				
	(i)				-		-	
16	(0)							
	((11)			1		L	L	L

Schedule J (Form 990) 2014

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Page 3

Schedule J (Form 990) 2014

Part III Supplemental Information

Complete this part to 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.

HOUSING ALLOWANCE

SCHEDULE J, PART I, LINE 1A:

THE PRESIDENT AND CEO RECEIVES A HOUSING ALLOWANCE, AS HE IS REQUIRED TO

WORK OUT OF BOTH THE WASHINGTON, D.C. AND NEW YORK CITY OFFICES. THE

HOUSING ALLOWANCE IS INCLUDED AS TAXABLE COMPENSATION ON HIS FORM W-2 AND

REPORTED ON SCHEDULE J, PART II, COLUMN (B) (III)

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A:

THE VP OF FINANCE & ADMINISTRATION RECEIVED A SEVERANCE PAYMENT OF

\$28,334, WHICH WAS INCLUDED AS TAXABLE COMPENSATION ON HIS FORM W-2.

Schedule J (Form 980) 2014

4E1505 1.000 7079JL 700J

SCHEDULE M (Form 990)

HIAS, INC.

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number 13-5633307

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art			-	_			
2	Art - Historical treasures			_				
3	Art - Fractional interests				_			
4	Books and publications							
5	Clothing and household				_			
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	12	361,766.	MARKET QU	TATO	'ION	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,				1			
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation	!						
	contribution - Historic							
	structures			_	_			
14	Qualified conservation							
	contribution - Other			_				
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		_					
19	Food inventory		-					
20	Drugs and medical supplies		-					
21	Taxicermy			_	-			_
22	Historical artifacts			_				_
23	Scientific specimens,				_			_
24	Archeological artifacts							_
25	Other ►()							_
26	Other ►()			-				_
27	Other ►()	_		<u> </u>				_
28	Other ►()	<u> </u>			<u> </u>			
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed	Form 8283,	Paπ IV, Donee Acknowledg	gement	29		Yes	M-
200	During the year did the organize	lion rossius	by contribution one		- 4 41	$\overline{}$	res	No
JUA	During the year, did the organiza 28, that it must hold for at least the							
	to be used for exempt purposes for					20-		х
h	If "Yes," describe the arrangement i		olding periods			30a		
31	Does the organization have a		tance nation that require	se the review of any				
J 1						24	x	
322	contributions?	e third nert	ies or related organization	ne to edicit proceed or	eell neessa	31		
vza	contributions?					32a		х
b	If "Yes." describe in Part II.	• • • • • •				J∠ä		
33	If the organization did not report a	n amount in	column (c) for a type of pre	anerty for which column to	ı) is checked			
	describe in Part II.	- amount III		Sperty for whileh column (a	, is checked,			

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

Schedule M (Form 990) (2014)

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

SCHEDULE M, PART I, COLUMN (B)

THE NUMBER OF CONTRIBUTIONS LISTED REPRESENTS THE TOTAL CONTRIBUTORS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HIAS, INC.

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.

Employer identification number

13-5633307

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1:

HIAS, INC. ("HIAS"), THE GLOBAL JEWISH NONPROFIT ORGANIZATION THAT

PROTECTS ALL REFUGEES, STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME,

SAFETY, AND FREEDOM. OUR MISSION IS TO RESCUE PEOPLE WHOSE LIVES ARE IN

DANGER FOR BEING WHO THEY ARE. HIAS PROTECTS THE MOST VULNERABLE

REFUGEES, HELPING THEM BUILD NEW LIVES AND REUNITING THEM WITH THEIR

FAMILIES IN SAFETY AND FREEDOM, ADVOCATES FOR THE PROTECTION OF REFUGEES,

AND ASSURES THAT DISPLACED PEOPLE ARE TREATED WITH THE DIGNITY THEY

DESERVE. GUIDED BY OUR JEWISH VALUES AND HISTORY, WE BRING MORE THAN 135

YEARS OF EXPERTISE TO OUR WORK WITH REFUGEES.

LIST OF FOREIGN BANK ACCOUNTS

FORM 990, PART V, LINE 4B:

ARGENTINA, AUSTRIA, ECUADOR, CHAD, FRANCE, ISRAEL, KENYA, RUSSIA, PANAMA, REPUBLIC OF GEORGIA, UGANDA, UKRAINE, VENEZUELA.

SIGNIFICANT CHANGES TO THE ORGANIZATION'S BYLAWS

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

DURING THE 2014 TAX YEAR, THE ORGANIZATION AMENDED ITS BYLAWS. THE SIGNIFICANT CHANGES FROM THOSE AMENDMENTS INCLUDE: AN UPDATE TO THE ORGANIZATION'S MISSION AND THE CREATION OF AN AUDIT COMMITTEE OF THE BOARD (WHICH OUTLINES THE POWERS AND DUTIES THEREOF).

FORM 990 REVIEW PROCESS

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

THE FORM 990 IS PREPARED AND REVIEWED BY GRANT THORNTON.JOINT SESSION OF THE AUDIT COMMITTEE AND THE BOARD APPROVED 2014 FINANCIAL STATEMENTS AND AUDIT. THE HIAS PRESIDENT AND CEO, CFO, AND BOARD OF DIRECTORS PERFORM A DETAILED REVIEW OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS.

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C:

IN AUGUST 2014, THE HIAS BOARD OF DIRECTORS UNANIMOUSLY VOTED TO APPROVE AND ADOPT BY SUBSTITUTION THE FOURTH AMENDED AND RESTATED BY-LAWS OF HIAS, INC., THE HIAS, INC. CONFLICT OF INTEREST POLICY AND THE HIAS, INC. WHISTLEBLOWER POLICY. THEREAFTER, ALL SENIOR OFFICIALS AND EVERY MEMBER OF THE BOARD OF DIRECTORS, SUBMITTED WRITTEN DISCLOSURE STATEMENTS ATTESTING THAT S/HE UNDERSTOOD AND COMPLIED WITH THE CONFLICT 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 WERE REVIEWED BY MANAGEMENT AND NOTHING WAS NOTED THAT REQUIRED ACTION OF ANY KIND. THE CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY AND RETAINED BY HIAS, INC.

PROCESS FOR DETERMINING COMPENSATION OF PRESIDENT/CEO AND KEY EMPLOYEES FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE SENIOR ADVISOR REVIEWS AND APPROVES COMPENSATION DATA. THE COMPENSATION COMMITTEE REVIEWS AND APPROVES COMPENSATION INCREASES TO THE

Employer identification number

13-5633307

HIAS PRESIDENT & CEO AND OTHER TOP MANAGEMENT OFFICIALS. THIS COMMITTEE
IS MADE UP OF VARIOUS BOARD MEMBERS. THE COMMITTEE LOOKS AT THE SALARIES
OF OTHER NON-PROFIT ORGANIZATIONS SIMILAR TO HIAS AND DETERMINES AND
APPROPRIATE SALARY FOR THE PRESIDENT AND CEO AND REVIEWS COMPENSATION FOR
OTHER SENIOR MANAGEMENT POSITIONS. THIS PROCESS WAS LAST DONE ON OCTOBER
30, 2014

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

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

THE FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ALONG WITH OUR WHISTLEBLOWER POLICY ARE AVAILABLE THROUGH OUR WEBSITE. THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9:

CHANGE IN MINIMUM PENSION LIABILITY:

(\$3,010,933)

ACTUARIAL LOSS ON SPLIT-INTEREST AREEMENTS:

(\$89,996)

REFUND OF CONTRIBUTIONS TO THE DONOR:

(\$396,230)

TOTAL:

(\$3,497,159)

ATTACHMENT 1

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

HIAS' INTERNATIONAL PROGRAM ASSISTS REFUGEES IN FOUR REGIONS OF
THE WORLD: AFRICA, LATIN AMERICA, THE MIDDLE EAST, AND EURASIA. IN
AFRICA AND LATIN AMERICA, HIAS PROVIDES AND FUNDS PROGRAMS TO
REDUCE THE IMPACT OF DISPLACEMENT, VIOLENCE, TRAUMA, AND SUFFERING

Name of the organization HIAS, INC.

Employer Identification number 13-5633307

ATTACHMENT 1 (CONT'D)

ON REFUGEES. THESE PROGRAMS ARE SUPPORTED BY THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES ("UNHCR", THE UN REFUGEE AGENCY) AND OTHER UNITED NATIONS ENTITIES, THE U.S. GOVERNMENT, AND OTHER PRIVATE DONORS. IN LATIN AMERICA, HIAS OFFERS COUNSELING, LEGAL AND EMPLOYMENT ORIENTATION, AND HUMANITARIAN ASSISTANCE TO REFUGEES OF THE COLOMBIAN CIVIL WAR WITH ITS PROGRAMS IN ECUADOR, VENEZUELA, AND PANAMA. IN 2014, HIAS PROGRAMS IN CHAD AIDED APPROXIMATELY 275,000 REFUGEES IN ELEVEN CAMPS. IN NAIROBI, KENYA AND KAMPALA, UGANDA, HIAS PROVIDES RESETTLEMENT ASSISTANCE, CHILD PROTECTION, AND PSYCHOSOCIAL ASSISTANCE TO VULNERABLE REFUGEES FROM MORE THAN HALF A DOZEN NEIGHBORING COUNTRIES, TARGETED PROGRAMS AID SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE. IN 2014, HIAS CONTINUED ITS INNOVATIVE COMMUNITY-BASED STRATEGIES FOR REFUGEE PROTECTION IN URBAN AREAS, AND BUILD ON THE FIVE NEW FIELD OFFICES IN THE MAIN REFUGEE HOSTING AREAS IN NAIROBI AND KAMPALA IT INITIATED THE YEAR PRIOR THROUGH FUNDING FROM THE U.S. DEPARTMENT OF STATE AND UNHCR. IN VIENNA, AUSTRIA HIAS WORKS IN PARTNERSHIP WITH THE U.S. DEPARTMENT OF STATE TO OPERATE THE RESETTLEMENT SUPPORT CENTER ("RSC") TO ASSIST PERSECUTED RELIGIOUS MINORITIES FROM IRAN WHO ARE SEEKING TO RESETTLE IN AMERICA UNDER THE U.S. REFUGEE ADMISSIONS PROGRAM. THE RSC PROVIDES IMMIGRATION ASSISTANCE NEEDED TO LEGALLY ENTER AND BE RESETTLED IN THE U.S. AS REFUGEES, AS WELL AS CULTURAL ORIENTATION TO PREPARE REFUGEES ACCEPTED TO THE U.S. REFUGEE ADMISSIONS PROGRAM FOR LIFE IN AMERICA. IN 2014, HIAS ASSISTED 1,735 IRANIAN RELIGIOUS

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ATTACHMENT 1 (CONT'D)

MINORITIES TO ARRIVE SAFELY IN THE UNITED STATES. IN ISRAEL, HIAS PROVIDES TRAINING AND TECHNICAL EXPERTISE TO THE ISRAELI

GOVERNMENT, UNHCR, AND ISRAELI NON-GOVERNMENTAL ORGANIZATIONS IN THEIR MUTUAL EFFORTS TO DEVELOP AN ISRAELI ASYLUM SYSTEM. WE ALSO AWARD SCHOLARSHIPS TO NEW ISRAELI IMMIGRANTS ("OLIM"). IN 2014, HIAS TRAINED 30 NEW ASYLUM OFFICERS AND AWARDED \$130,000 IN 50 SCHOLARSHIPS TO STUDENTS FROM COLLEGES AND UNIVERSITIES THROUGHOUT THE COUNTRY. IN THE RUSSIAN FEDERATION, AND THE HIAS OFFICE IN KYIV, UKRAINE OFFERS LEGAL COUNSELING TO REFUGEES FROM 39

COUNTRIES WHO ARE SEEKING ASYLUM OR RESETTLEMENT, AND MONITORS CONDITIONS AFFECTING JEWS THROUGHOUT THE REPUBLICS OF THE FORMER SOVIET UNION AND EASTERN EUROPE. IN 2014, HIAS PROVIDED LEGAL PROTECTION SERVICES TO NEARLY 1,400 ASYLUM SEEKERS, INCLUDING UNACCOMPANIED MINORS.

ATTACHMENT 2

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

IN THE U.S., HIAS COORDINATES AND FUNDS REFUGEE RESETTLEMENT

ACTIVITIES IN CONJUNCTION WITH OUR NATIONAL NETWORK OF 30

AFFILIATES. THESE ACTIVITIES, WHICH ARE SUPPORTED BY THE U.S.

GOVERNMENT, PRIVATE FOUNDATIONS, AND INDIVIDUAL DONORS, HELP

CURRENT AND FORMER HIAS CLIENTS ESTABLISH NEW LIVES IN THE U.S.,

INTEGRATE INTO AMERICAN SOCIETY, AND GAIN CITIZENSHIP. IN 2014,

HIAS RESETTLED 3,490 REFUGEES IN THE U.S., AN 18% INCREASE OVER

THE PRIOR YEAR. OUR PROGRAMS INCLUDE THE RECEPTION AND PLACEMENT

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ATTACHMENT 2 (CONT'D)

PROGRAM, WHICH PROCESSES FAMILY REUNIFICATION REFUGEE APPLICATIONS, FACILITIES THE PLACEMENT OF REFUGEES IN SPECIFIC LOCALITIES, PROVIDES FOR THEIR TRAVEL, ENSURES THE PROVISION OF BASIC NECESSITIES, AND OFFERS ESSENTIAL CASE MANAGEMENT SERVICES DURING THE FIRST 30-90 DAYS AFTER THEIR ARRIVAL IN THE U.S. PREFERRED COMMUNITIES PROGRAM PROVIDES ENHANCED CASE MANAGEMENT SERVICES TO REFUGEES AT HIGHEST RISK IN FARTICIPATING LOCATIONS FOR UP TO FIVE YEARS AFTER THEIR ARRIVAL IN THE U.S. THE CITIZENSHIP PROGRAM AIDS SELECTED HIAS AFFILIATES IN DEVELOPING CITIZENSHIP INTEGRATION PROGRAMS, INCLUDING NATURALIZATION (CITIZENSHIP) CLASSES AND APPLICATION ASSISTANCE. THE LEGAL SERVICES PROGRAM HELPS TO SECURE LEGAL REPRESENTATION FOR ASYLUM SEEKERS THROUGHOUT THE UNITED STATES, INCLUDING A LIVING ALLOWANCE THROUGH THE HIAS-PRINS ASYLUM PROGRAM FOR ASYLUM SEEKERS WHO WERE SCIENTISTS, SCHOLARS, ARTISTS OR OTHER TYPES OF PROFESSIONALS IN THEIR COUNTRIES OF ORIGIN AND DESIRE TO CONTINUE OR REBUILD THEIR CAREER IN THE UNITED STATES. IN ADDITION, HIAS PROVIDES TECHNICAL ASSISTANCE TO OUR NATIONAL NETWORK OF RESETTLEMENT AFFILIATES ON ISSUES RELATING TO DEVELOPMENT AND IMPLEMENTATION OF THE ABOVE PROGRAMS AND TO IMMIGRATION LAW.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

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,

Page 2

Name of the organization HIAS, INC.

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<u>13</u>-5633307

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DR. MED. MOLNAR WOLFGANG ARZT FUR ALLGEMENSTRASSE, 1-3/4/5,2020 VIENNA AUSTRIA	CONSULTING-MEDICAL	438,309
DONOR POINT MARKETING 649 NORTH HORNERS LANE ROCKVILLE, MD 20850	MARKETING	303,977
ECHO DITTO INC. ONE DAVIS SQAURE, SUITE 302 SOMERVILLE, MA 02144	COMPUTER CONSULTANT	174,644
LOEB AND TROPER 655 THIRD AVENUE NEW YORK, NY 10017	AUDITING FIRM	137,850.
DENISE ROBEY 312 W. 15TH STREET #10 NEW YORK, NY 10011	WEBSITE CONSULTANT	132,000.

HIAS, INC.

13-5633307

SCHEDULE R (Form 990)

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.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Put III. Inspection

13-5633307

Name of the organization HIAS, INC.

Department of the Tressury

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		_		
				
		Primary activity Legal domicile (state	Primary activity Legal domicile (state Total income	Primary activity Legal domicile (state Total income End-of-year assets

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) Legat 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?		
(1)		-				Yes	No	
(2)						┼		
(3)		-				+	 	
(4)					·	 		
(5)		 				-		
(6)		-				-	<u> </u>	
(7)						₩	 	

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

Schedule R (Form 990) 2014

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Part	t V Transact	ions With Related Organizations Complete if the organizati	on answered "Yes" on Form 990, Part	IV, line 34, 35b, or 36.				
Note	e. Complete line 1	if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax ye	ear, did the organization engage in any of the following transactions	with one or more related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) inte	rest, (li) annuities, (iii) royalties, or (iv) rent from a controlled entity.	PRESENTATION OF PERSON OF		pagipan	1a	\neg	X
b	Gift, grant, or ca	pltal contribution to related organization(s)				1b		X
C	Girt, grant. or ca	pital contribution from related organization(s)	전 기상 기상 기상() AND 10 - 1200 HOURS HOURS HOURS			1c		х
u	Loans or loan gu	larantees to or for related organization(s)	tal	A STATE OF THE PARTY OF THE PARTY.		1d		х
e	Loans or loan gu	arantees by related organization(s)				1e		х
							1	
f	Dividends from n	elated organization(s)		· · · · · · · · · · · · · · · · · · ·		1f		x
g	Sale of assets to	related organization(s)		내 모양생님 하시다면 보다.		1g		x
h	Purchase of asse	ets from related organization(s)				1h		<u></u>
						11		x
1	Lease of facilities	s, equipment, or other assets to related organization(s)		en exemplacamentos	NORTH PROPERTY.	1j		х
						1		
k	Lease of facilities	s, equipment, or other assets from related organization(s)		*25.1.00000000000000000000000000000000000	Year market	1k		X
ı	Performance of a	services or membership or fundraising solicitations for related organ	ization(s)			11		х
m	Performance of a	services or membership or fundraising solicitations by related organi	zation(s)			1m		X
л	Snaring of faciliti	es, equipment, mailing lists, or other assets with related organization	n(s)			1n		X
0	Sharing of paid e	employees with related organization(s)	CONTROL BUYOUR PROPERTY OF A STATE OF A STAT		100 S	10	.	X
þ	Reimbursement	pald to related organization(s) for expenses.	CHARLEST CONTRACTOR AND AND AND ADDRESS.	* * * * * * * * * * * * * * * * *	95 236	1p		х
q	Reimbursement	paid by related organization(s) for expenses		0.5151515151515151515151515		1q		х
_	O414							
r	Other transfer of	cash or property to related organization(s)	9 THE FREE ROOM FROM THE PROPERTY OF THE PROPE	ORDER OF RECOVER OF STREET	+ (+ (+ (+ (+ (+ (+ (+ (+ (+ (+ (+ (+ (+	1r		_X
- 3	If the answer to	cash or property from related organization(s).		<u> </u>		1s		X
	ii tile allswer to a	any of the above is "Yes," see the instructions for information on wi			action thre	sholds (d)	3	
		Name of related organization	Name of related organization Transaction Amount involved					
			type (a-s)		Method amou	nt invo		
					-			_
(1)			i					
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(2)								
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(4)					1			
		-			 		_	
(5)								
							_	
(6)								
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(o) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under	Sec 501 organia	e) partners tion (c)(3) sations?	(f) Shere of total income	(g) Share of end-of-year essets	Disproj	n) cortionala attens?	(f) Cade V - UBI emount in box 20 of Schedule K-1 (Form 1065)	man pari]) svalor aging ner?	(k) Percentage ownership
40			sections 512-514)	Yes	No			Yes	No	, , , , , , , , , , , , , , , , , , , ,	Yes	No	L
(1)	-												l
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HIAS, INC.

Schedule R (Form 990) 2014

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).