

# Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending , 20

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> HIAS, INC.		<b>D Employer identification number</b> 13-5633307	
	<b>Doing business as</b>			
	<b>Number and street (or P.O. box if mail is not delivered to street address)</b> 333 SEVENTH AVENUE, 16TH FLOOR		<b>Room/suite</b>	
	<b>City or town, state or province, country, and ZIP or foreign postal code</b> NEW YORK, NY 10001			
<b>F Name and address of principal officer:</b> MARK HETFIELD 333 SEVENTH AVENUE, 16TH FLOOR NEW YORK, NY 10001		<b>G Gross receipts \$</b> 56,119,816.		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>J Website:</b> WWW.HIAS.ORG		<b>H(c) Group exemption number</b> ▶		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1881		<b>M State of legal domicile:</b> NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>HIAS RESCUES PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE.</u>				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	21.		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	21.		
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	67.		
	<b>6</b>	Total number of volunteers (estimate if necessary)	25.		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0		
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0			
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	26,899,251.	32,841,616.	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,532,899.	1,379,208.	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,880,125.	5,702,436.	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-93,405.	0	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,218,870.	39,923,260.	
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,426,458.	8,892,981.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,086,027.	13,921,233.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,752,574.			
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,492,629.	13,635,233.	
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,005,114.	36,449,447.	
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	213,756.	3,473,813.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b>	Total assets (Part X, line 16)	69,615,542.	69,305,738.	
	<b>21</b>	Total liabilities (Part X, line 26)	11,697,762.	13,911,732.	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	57,917,780.	55,394,006.		

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date <b>11.04.2015</b>
	FARHAN IRSHAD Type or print name and title CFO	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name QI WEN LIANG	Preparer's signature 	Date 11.4.2015	Check <input type="checkbox"/> if self-employed	PTIN P01270238	
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 757 THIRD AVE., 4TH FLOOR NEW YORK, NY 10017-2013			Phone no. 212-599-0100		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

**Type or print**

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions. <b>HIAS, INC.</b>	Employer identification number (EIN) or <b>13-5633307</b>
Number, street, and room or suite no. If a P.O. box, see instructions. <b>333 SEVENTH AVENUE, 16TH FLOOR</b>	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ FARHAN IRSHAD, 333 SEVENTH AVENUE, 16TH FLOOR NEW YORK, NY 10001

Telephone No. ▶ 212 967-4100

FAX No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2014 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. . . . .  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. <b>HIAS, INC.</b>	Employer identification number (EIN) or <b>13-5633307</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>333 SEVENTH AVENUE, 16TH FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **FARHAN IRSHAD, 333 SEVENTH AVENUE, 16TH FLOOR NEW YORK, NY 10001**  
Telephone No. **212 967-4100** Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/15, 2015**.
- For calendar year **2014**, or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **ALL THE NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 18,053,321. including grants of \$ 132,810. ) (Revenue \$ )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 12,304,499. including grants of \$ 7,431,953. ) (Revenue \$ 1,379,208. )

ATTACHMENT 2

4c (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 \$ )

4e Total program service expenses 32,046,897.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 212-967-4100

JSA



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT ARONSON DIRECTOR	1.00 0	X					0	0	0	
(2) JEFFREY BLATTNER DIRECTOR	1.00 0	X					0	0	0	
(3) EUGENIA BRIN DIRECTOR	1.00 0	X					0	0	0	
(4) ANN F. COHEN DIRECTOR	1.00 0	X					0	0	0	
(5) JANE GINNS DIRECTOR	1.00 0	X					0	0	0	
(6) ALEXANDER M. GORDIN DIRECTOR	1.00 0	X					0	0	0	
(7) LEE M. GORDON DIRECTOR	1.00 0	X					0	0	0	
(8) ALBERT HAYOUN DIRECTOR	1.00 0	X					0	0	0	
(9) BENITA FAIR LANGSDORF DIRECTOR	1.00 0	X					0	0	0	
(10) RENE LERER SECRETARY/TREASURER	1.00 0	X		X			0	0	0	
(11) DIANE F. LOB CHAIR-ELECT	1.00 0	X		X			0	0	0	
(12) JAMIE F. METZL DIRECTOR	1.00 0	X					0	0	0	
(13) NEIL M. MOSS VICE CHAIR	1.00 0	X		X			0	0	0	
(14) SANFORD K. MOZES DIRECTOR	1.00 0	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) SHARON S. NAZARIAN ----- DIRECTOR	1.00 ----- 0	X						0	0	0
( 16) ALEXIS ORTIZ ----- DIRECTOR	1.00 ----- 0	X						0	0	0
( 17) DALE M. SCHWARTZ ----- CHAIR OF THE BOARD	1.00 ----- 0	X		X				0	0	0
( 18) ERIC P. SCHWARTZ ----- DIRECTOR	1.00 ----- 0	X						0	0	0
( 19) SANDRA D. SPINNER ----- DIRECTOR	1.00 ----- 0	X						0	0	0
( 20) YULI WEXLER ----- DIRECTOR	1.00 ----- 0	X						0	0	0
( 21) PHILIP E. WOLGIN ----- DIRECTOR	1.00 ----- 0	X						0	0	0
( 22) MICHELLE WACHTEL ----- DIRECTOR (THRU 6/2014)	1.00 ----- 0	X						0	0	0
( 23) MARC SILBERBERG ----- DIRECTOR (THRU 6/2014)	1.00 ----- 0	X						0	0	0
( 24) HON. HAROLD BERGER ----- DIRECTOR (THRU 6/2014)	1.00 ----- 0	X						0	0	0
( 25) NORMAN RESNICOW ----- DIRECTOR (THRU 6/2014)	1.00 ----- 0	X						0	0	0
<b>1b Sub-total</b> .....								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....								1,577,692.	0	257,415.
<b>d Total (add lines 1b and 1c)</b> .....								1,577,692.	0	257,415.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) MARK HETFIELD PRESIDENT AND CEO	35.00 0			X				318,472.	0	17,851.
( 27) FARHAN IRSHAD CFO	35.00 0			X				125,969.	0	38,347.
( 28) FRANCINE S. STEIN SENIOR ADVISOR	35.00 0			X				140,020.	0	10,409.
( 29) SUSSAN KHOZOURI SENIOR VP	35.00 0				X			184,348.	0	22,052.
( 30) RIVA SILVERMAN VP EXTERNAL AFFAIRS	35.00 0				X			200,981.	0	46,096.
( 31) MARK E. MILDNER VP FINANCE/ADMIN (THRU 6/2014)	35.00 0					X		132,529.	0	10,430.
( 32) JENNIE C. ROSENN VP OF COMMUNITY ENGAGEMENT	35.00 0					X		159,493.	0	10,149.
( 33) FRANK ROTONDI IT DIRECTOR	35.00 0					X		109,249.	0	42,562.
( 34) JANE DANIELLO DIRECTOR FINANCE & ACCOUNTING	35.00 0					X		105,913.	0	41,985.
( 35) BARBARA L. ABRAMOWITZ GRANTS DIRECTOR	35.00 0					X		100,718.	0	17,534.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a	207,741.					
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . . .	1d						
	e	Government grants (contributions) . . . . .	1e	19,531,773.					
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	13,102,102.					
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		361,766.					
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		32,841,616.					
<b>Program Service Revenue</b>				<b>Business Code</b>					
	2a	SERVICE FEE & OTHER REVENUE . . . . .		900099	797,445.	797,445.			
	b	MIGRANT LOAN PROCESSING FEES . . . . .		900099	581,763.	581,763.			
	c								
	d								
	e								
	f	All other program service revenue . . . . .							
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶			1,379,208.				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			1,526,475.		1,526,475.		
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶			0				
	5	Royalties . . . . . ▶			0				
	6a	Gross rents . . . . .	(i) Real	(ii) Personal					
			47,688.						
			b	Less: rental expenses . . . . .	47,688.				
			c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . . ▶			0				
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
			20,324,829.						
			b	Less: cost or other basis and sales expenses . . . . .	16,148,868.				
			c	Gain or (loss) . . . . .	4,175,961.				
	d	Net gain or (loss) . . . . . ▶			4,175,961.		4,175,961.		
	8a	Gross income from fundraising 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 . . . . . ▶			0					
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 . . . . . ▶			0					
10a	Gross sales of inventory, less returns and allowances . . . . . a								
b	Less: cost of goods sold . . . . . b								
c	Net income or (loss) from sales of inventory . . . . . ▶			0					
Miscellaneous Revenue			Business Code						
11a									
b									
c									
d	All other revenue . . . . .								
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶			0					
12	<b>Total revenue.</b> See instructions . . . . . ▶			39,923,260.	1,379,208.		5,702,436.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .	8,750,163.	8,750,163.		
2 Grants and other assistance to domestic 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 . . . . .	0			
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) . . . . .	0			
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.
11 Fees for services (non-employees):				
a Management . . . . .	0			
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.	0			
f 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.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	2,337,589.	2,041,269.	163,110.	133,210.
17 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	0			
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.)				
a RESETTLEMENT DOCUMENTATION	439,910.	439,910.		
b SUBSCRIPTIONS & MEMBERSHIPS	146,191.	138,587.	5,164.	2,440.
c BUSINESS RELOCATION	56,030.		56,030.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	36,449,447.	32,046,897.	2,649,976.	1,752,574.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	2,258,434.	<b>2</b>	4,264,026.
	<b>3</b> Pledges and grants receivable, net . . . . .	7,128,954.	<b>3</b>	4,701,540.
	<b>4</b> Accounts receivable, net . . . . .	96,300.	<b>4</b>	767,009.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	379,197.	<b>9</b>	381,164.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,066,144.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,553,808.	507,022.	<b>10c</b> 512,336.
	<b>11</b> Investments - publicly traded securities . . . . .	57,949,692.	<b>11</b>	58,541,400.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,295,943.	<b>15</b>	138,263.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	69,615,542.	<b>16</b>	69,305,738.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,350,703.	<b>17</b>	2,899,447.
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	7,347,059.	<b>25</b>	11,012,285.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	11,697,762.	<b>26</b>	13,911,732.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	48,649,116.	<b>27</b>	48,851,423.
	<b>28</b> Temporarily restricted net assets . . . . .	7,006,274.	<b>28</b>	4,259,849.
	<b>29</b> Permanently restricted net assets . . . . .	2,262,390.	<b>29</b>	2,282,734.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	57,917,780.	<b>33</b>	55,394,006.	
<b>34</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	69,615,542.	<b>34</b>	69,305,738.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	39,923,260.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	36,449,447.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,473,813.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	57,917,780.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,535,365.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	1,034,937.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,497,159.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	55,394,006.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> HIAS, INC.	<b>Employer identification number</b> 13-5633307
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**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 93.28%; 15 Public support percentage from 2013 Schedule A, Part II, line 14 92.91%; 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2013 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]
19b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
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 2014
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:			
a				
b				
c				
d				
e	From 2013 . . . . .			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
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	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . . . .			
e	Excess from 2014 . . . . .			

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**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).

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**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014



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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	15,308.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	9,690.													
c	Total lobbying expenditures (add lines 1a and 1b) . . . . .	24,998.													
d	Other exempt purpose expenditures . . . . .	36,083,261.													
e	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	36,108,259.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 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.
e	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.

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by Part IV.

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

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SCHEDULE D (Form 990)

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amount. Rows include: 1a 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, 1b 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: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2014

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b.

- (i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SEVERANCE OBLIGATIONS	660,756.
(3) PENSION OBLIGATIONS	5,224,404.
(4) CLIENT DEPOSITS	3,563,611.
(5) DEFERRED RENT	188,807.
(6) ANNUITY OBLIGATIONS	1,374,707.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,012,285.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 39,923,260.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 36,449,447.

Part XIII Supplemental Information.

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

SEE PAGE 5

**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.



**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 AGREEMENTS:	(\$89,996)
TOTAL:	(\$3,100,929)

## RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XII, LINE 2D:

REFUND OF CONTRIBUTIONS TO THE DONOR:	\$396,230
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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form990).

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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
(1) 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			GRANTMAKING		7,318.
(8) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	SCHOLARSHIP ADMIN	1,574.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	10.	480.			15,742,387.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	10.	480.			15,742,387.

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

Schedule F (Form 990) 2014

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . . . ▶

**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.	125,500.	CHECK			
(2) SCHOLARSHIPS	RUSSIA/NEWLY IND. STATES	7.	7,318.	CHECK			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2014

**Part IV Foreign Forms**

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

**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)**

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1) JEWISH FAMILY SERVICES</b> 2245 S STATE ST #200 ANN ARBOR, MI 48104	41-2147486	501(C)(3)	176,279.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(2) JEWISH FAMILY SERVICES</b> 5750 PARK HEIGHTS AVE. BALTIMORE, MD 21215	52-0607909	501(C)(3)	8,150.				REFUGEE RECEPTION & PLACEMENT
<b>(3) JEWISH FAMILY &amp; CHILDREN SVCS OF EAST BAY</b> 1855 OLYMPIC BLVD WALNUT CREEK, CA 94596	94-3250304	501(C)(3)	292,698.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(4) JEWISH FAMILY SERV OF BUFFALO &amp; ERIE COUNTY</b> 70 BARKER ST. BUFFALO, NY 14209	16-0750888	501(C)(3)	592,633.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(5) CAROLINA REFUGEE RESETTLEMENT AGENCY</b> 5007 MONROE RD, STE 101 CHARLOTTE, NC 28205	30-0577219	501(C)(3)	925,068.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(6) JEWISH CHILD &amp; FAMILY SERVICE</b> 216 W JACKSON BLVD #400 CHICAGO, IL 60606	36-2167757	501(C)(3)	24,325.				REFUGEE RECEPTION & PLACEMENT
<b>(7) JEWISH FAMILY SERVICES OF WESTERN MASS.</b> 15 LENOX ST. SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	425,598.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(8) JEWISH VOCATIONAL SERVICES OF METROWEST</b> 111 PROSPECT ST. EAST ORANGE, NJ 07017	22-1487229	501(C)(3)	15,400.				REFUGEE RECEPTION & PLACEMENT
<b>(9) JEWISH FAMILY SERVICE OF SEATTLE</b> 1209 CENTRAL AVE STE. 134 SEATTLE, WA 98102	91-0565537	501(C)(3)	607,904.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(10) F.E.G.S HEALTH AND HUMAN SERVICES</b> 315 HUDSON STREET NEW YORK, NY 10013	13-1624000	501(C)(3)	299,798.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(11) JEWISH FAMILY SERVICE OF METROWEST</b> 475 FRANKLIN ST. #101 FARMINGHAM, MA 01702	04-2730898	501(C)(3)	31,075.				REFUGEE RECEPTION & PLACEMENT
<b>(12) GULF COAST JEWISH FAMILY &amp; COMMUNITY SVCS.</b> 14041 ICOT BLVD. CLEARWATER, FL 33760	59-1229354	501(C)(3)	436,138.				REFUGEE RECEPTION & PLACEMENT, PREP COMM

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HIAS & COUNCIL MIGRATION SERVICE OF PHIL. 2100 ARCH ST. PHILADELPHIA, PA 19103	23-1405597	501(C)(3)	476,016.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(2)</b> JEWISH FEDERATION OF GREATER LOS ANGELES 4311 WILSHIRE #211 LOS ANGELES, CA 90010	95-1643388	501(C)(3)	308,810.				REFUGEE RECEPTION & PLACEMENT
<b>(3)</b> JEWISH FAMILY SERVICES OF SILICON VALLEY 14855 OKA RD. STE. 202 LOS GATOS, CA 95032	94-2536452	501(C)(3)	256,412.				REFUGEE RECEPTION & PLACEMENT
<b>(4)</b> UNITED JEWISH FEDERATION 234 MCKEE PLACE PITTSBURGH, PA 15213	25-1408703	501(C)(3)	398,113.				REFUGEE RECEPTION & PLACEMENT
<b>(5)</b> JEWISH FAMILY & CHILDREN'S SERVICE 5743 BARTLETT ST. PITTSBURGH, PA 15217	25-0965407	501(C)(3)	301,423.				MATCHING GRANT & PREP COMMUNITIES
<b>(6)</b> JSSA OF GREATER ROCKVILLE 6123 MONTROSE RD. ROCKVILLE, MD 20852	53-0196598	501(C)(3)	44,975.				REFUGEE RECEPTION & PLACEMENT
<b>(7)</b> JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BILBOC AVE. SAN DIEGO, CA 92123	95-1644024	501(C)(3)	1,050,853.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(8)</b> JEWISH FAMILY AND CHILDREN SERVICE 2534 JUDAH ST. SAN FRANCISCO, CA 94122	94-1156528	501(C)(3)	5,775.				REFUGEE RECEPTION & PLACEMENT
<b>(9)</b> US TOGETHER, INC. 2021 DUBLIN-GRANVILLE RD COLUMBUS, OH 43229	83-0395108	501(C)(3)	1,391,595.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(10)</b> US TOGETHER, INC. 2940 NOBLE RD CLEVELAND HEIGHTS, OH 44121	83-0395108	501(C)(3)	518,121.				REFUGEE RECEPTION & PLACEMENT, PREP COMM
<b>(11)</b> US TOGETHER, INC. 2629 ALISDALE DR. #204 TOLEDO, OH 43606	83-0395108	501(C)(3)	20,800.				REFUGEE RECEPTION & PLACEMENT
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21.

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

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

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.			
2					
3					
4					
5					
6					
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, 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 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 . . . . .	<b>1b</b> X	
<b>2</b> 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? . . . . .	<b>2</b> X	
<b>3</b> 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b> X	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? . . . . .	<b>5a</b>	X
<b>b</b> Any related organization? . . . . .	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? . . . . .	<b>6a</b>	X
<b>b</b> Any related organization? . . . . .	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

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

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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARK HETFIELD	(i)	288,467.	0	30,005.	15,958.	1,893.	336,323.	0
1 PRESIDENT AND CEO	(ii)	0	0	0	0	0	0	0
FARHAN IRSHAD	(i)	125,969.	0	0	6,481.	31,866.	164,316.	0
2 CFO	(ii)	0	0	0	0	0	0	0
SUSSAN KHOZOURI	(i)	184,348.	0	0	9,338.	12,714.	206,400.	0
3 SENIOR VP	(ii)	0	0	0	0	0	0	0
FRANCINE S. STEIN	(i)	140,020.	0	0	7,154.	3,255.	150,429.	0
4 SENIOR ADVISOR	(ii)	0	0	0	0	0	0	0
RIVA SILVERMAN	(i)	200,981.	0	0	10,385.	35,711.	247,077.	0
5 VP EXTERNAL AFFAIRS	(ii)	0	0	0	0	0	0	0
JENNIE C. ROSENN	(i)	159,493.	0	0	8,060.	2,089.	169,642.	0
6 VP OF COMMUNITY ENGAGEMENT	(ii)	0	0	0	0	0	0	0
FRANK ROTONDI	(i)	109,249.	0	0	5,885.	36,677.	151,811.	0
7 IT DIRECTOR	(ii)	0	0	0	0	0	0	0
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

HIAS, INC.

13-5633307

Schedule J (Form 990) 2014

Page 3

**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 990) 2014

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form990).

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	12	361,766	MARKET QUOTATION
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

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**Part II** **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.

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SCHEDULE M, PART I, COLUMN (B)

THE NUMBER OF CONTRIBUTIONS LISTED REPRESENTS THE TOTAL CONTRIBUTORS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HIAS, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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).

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



Name of the organization

HIAS, INC.

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 AGREEMENTS:	(\$89,996)
REFUND OF CONTRIBUTIONS TO THE DONOR:	(\$396,230)
TOTAL:	(\$3,497,159)

ATTACHMENT 1FORM 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
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## 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

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

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 2FORM 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

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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ATTACHMENT 2 (CONT'D)

PROGRAM, WHICH PROCESSES FAMILY REUNIFICATION REFUGEE APPLICATIONS, FACILITATES 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. THE PREFERRED COMMUNITIES PROGRAM PROVIDES ENHANCED CASE MANAGEMENT SERVICES TO REFUGEES AT HIGHEST RISK IN PARTICIPATING 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 3FORM 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,

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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ATTACHMENT 4

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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**

OMB No. 1545-0047

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

▶ Attach to Form 990.

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number:

HIAS, INC.

13-5633307

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUST (1)									
(2)	CRUT	NY	N/A	TRUST					
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

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

	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1066)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII Supplemental Information**

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

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