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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HIAS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
333 7TH AVENUE No 16 FL

City or town, state or country, and ZIP + 4
NEW YORK, NY 10001

D Employer identification number
13-5633307

E Telephone number
(212) 967-4100

G Gross receipts $ 65,408,407

F Name and address of principal officer
Mark Mildner
333 7TH AVENUE No 16 FL
NEW YORK, NY 10001

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HIAS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1881 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HIAS is an international migration and refugee resettlement agency dedicated to assisting persecuted and oppressed people worldwide and delivering them to countries of safe haven Guided by Jewish values and our shared history of migrations, HIAS - assists Jewish and other refugees and migrants escaping violence, repression, and poverty to find safety and security in the United States, Israel, and elsewhere, - facilitates their resettlement and provides other forms of assistance through a network of local service agencies, - advocates on their behalf at the international, national, and community levels, and- connects each generation of Jews, one to the other

Activities & Governance

2	Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	35
5	Total number of employees (Part V, line 2a)	**5**	91
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	17,606,988	20,484,336
9	Program service revenue (Part VIII, line 2g)	758,343	291,593
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,972,145	-559,508
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,628	301,877
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,677,814	20,518,298
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,308,254	4,602,294
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,406,013	11,158,892
16a	Professional fundraising fees (Part IX, column (A), line 11e)		296,500
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,601,363		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,653,368	8,772,863
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,367,635	24,830,549
19	Revenue less expenses Subtract line 18 from line 12	-9,689,821	-4,312,251
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	57,492,753	60,542,100
21	Total liabilities (Part X, line 26)	16,862,339	11,289,576
22	Net assets or fund balances Subtract line 21 from line 20	40,630,414	49,252,524

Part II Signature Block

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

Sign Here

****** | 2010-11-10
Signature of officer | Date

Mark Mildner VP FINANCE AND AMINISTRATION
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ FREDERICK H ROTHMAN	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LOEB & TROPER LLP 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017			EIN ▶ Phone no ▶ (212) 867-4000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

HIAS is an international migration and refugee resettlement agency dedicated to assisting persecuted and oppressed people worldwide and delivering them to countries of safe haven Guided by Jewish values and our shared history of migrations, HIAS - Assists Jewish and other refugees and migrants escaping violence, repression, and poverty to find safety and security in the United States, Israel, and elsewhere,- Facilitates their resettlement and provides other forms of assistance through a network of local service agencies,- Advocates on their behalf at the international, national, and community levels, and- Connects each generation of Jews, one to the other

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 10,561,889 including grants of $ 4,602,294) (Revenue $ 592,359)

HIAS' extensive network of international operations assists Jewish and other refugees in four regions of the world Africa, Latin America, Europe, and the Middle East - In Africa and Latin America, HIAS coordinates and funds significant programs in psychological and social assistance to reduce the impact of violence, trauma, stress, and suffering These programs are fully or partially funded by United Nations High Commissioner on Refugees (UNHCR), U S government grants and private funders Our work includes counseling, establishing various community outreach activities, and providing other assistance to these impacted groups In addition, HIAS provides legal services for the most vulnerable urban refugees in Kenya and Latin America In 2009, HIAS provided psycho-social services for 61,000 clients in five Darfuri refugee camps in Chad and for 26,201 clients in Venezuela and Ecuador In Latin America, HIAS also provided legal, social and humanitarian services to 48,337 clients, in Kenya, HIAS assisted more than 313 individuals with legal and psycho-social services - HIAS holds a contract with the U S Department of State to operate the Overseas Processing Entity (OPE) in Vienna, to assist persons seeking or suggested for admission to the U S under the U S Refugee Program, primarily members of Iranian religious minorities which include Jews, Christians, Baha'is, Zoroastrians and Mandaeans Activities of the OPE include the complete range of immigration processing to legally enter and be resettled in the U S as refugees Along with these services, HIAS provides cultural orientation to prepare the refugees for life in the United States In 2009, HIAS assisted 4,481 individuals in Vienna - In Israel, HIAS provides scholarships and other assistance to new Israeli immigrants (olim), as well as training and technical expertise to the Israeli government, the United Nations High Commissioner for Refugees, and Israeli non-governmental organizations in their mutual efforts to develop an Israeli asylum system In 2009, HIAS awarded scholarships to 65 recent Israeli immigrants - HIAS has operations in the Russian Federation In Moscow, HIAS monitors the migration needs of Jewish communities throughout the former Soviet Union and counsels Jewish families seeking to reunite with relatives in the U S In Kiev, HIAS operates Legal Protection Services (LPS), a UNHCR-funded program that provides legal representation for asylum seekers in the Ukraine In 2009, HIAS helped 998 individuals at the LPS in Kiev "

4b (Code) (Expenses $ 1,792,325 including grants of $) (Revenue $)

In the U S , HIAS coordinates and funds refugee resettlement activities in conjunction with its nationwide network of affiliates through various U S government and privately sponsored programs These activities are instrumental in helping former and current HIAS clients integrate into American society and gain citizenship In 2009, HIAS resettled 2,609 refugees in the U S These programs include - Reception and Placement Program, processes family reunification refugee applications, facilitates the placement of refugees in specific localities, provides for their travel, ensures the provision of basic necessities during the first month after arrival, and offers essential case management services during the first 90 days after arrival in the U S - Matching Grant Program provides certain refugees with necessities, employment services, and case management services for up to 120 days after arrival in the U S - Preferred Communities Program provides enhanced services for an extended period of time to a limited number of refugees with no U S relatives in a limited number of locations - Marriage and Family Strengthening Program provides assistance to refugees to strengthen their marriages and family structures to withstand the stresses inherent in the emigration and acculturation process - Technical assistance on issues relating to immigration law to network affiliates - Providing or securing legal representation for asylum seekers throughout the United States, including a living allowance through the HIAS-Prins asylum program for asylum seekers who were professionals, scholars, or artists in their home countries

4c (Code) (Expenses $ 8,749,550 including grants of $) (Revenue $)

A key component of HIAS' domestic mission is advocacy for generous immigration policies that maintain America's historic and deserved status as a welcoming and humanitarian nation Our advocacy work has earned us a reputation as the American Jewish community's "voice" in Washington on all matters pertaining to immigration and refugees - In 2009, HIAS advocated for legislation to reform our nation's immigration laws and create a just, humane, and sensible immigration system and for legislation to allow undocumented immigrants who came to the U S as children to gain legal status HIAS also advocated for legislation to improve our asylum laws and ease the integration of asylees and refugees so that they can successfully build new lives in the United States HIAS advocated for the extension of a Supplemental Security Income law that allows elderly and disabled refugees to receive income assistance, and extension of the Lautenberg Amendment, which is critical to the processing of refugees from the former Soviet Union and Iran - Additionally, significant progress was made in addressing the "material support" problem that since 2004 has kept thousands of persecuted refugees in need of protection from accessing asylum and resettlement in the U S By the end of FFY2009, the administration had issued more than 11,000 waivers to refugees, asylum seekers, and others who had been unfairly denied protection in the U S HIAS is also a lead organizer of the Interfaith Immigration Coalition, which has concentrated its efforts on several positive pieces of immigration reform while advocating strongly for comprehensive immigration reform - HIAS runs a robust advocacy program among the more than 400,000 former Soviet Jews who HIAS brought to the U S during 40 years of rescue Through HIAS' Civic and Voter Education Initiative (CVEI) programs, HIAS helps integrate its former clients into the American polity, engaging them in advocacy and voter education projects In 2009, HIAS distributed 60,000 copies of publications in Russian and registered more than 3,000 new Russian-speaking voters - HIAS connects one generation to the next through a variety of means, especially through HIAS Young Leaders, a corps of young professionals and graduate students, who advocate, educate, volunteer, and raise funds to support refugees and immigrants through HIAS' programs HIAS also awards educational scholarships to HIAS-assisted refugees in the U S In 2009, HIAS awarded 101 such scholarships

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

4e **Total program service expenses** ▶ $ 21,103,764

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	51		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶KE , EC , AR , RS , UP , CD , IS , AU , VE See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	35		
b	Enter the number of voting members that are independent	1b	35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL , AK , AR , AZ , CA , CT , FL , GA , IL , KS , KY , ME , MD , MI , MO , MN , MS , MA , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI , DC , HI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

mARK MILDNER
333 7TH AVENUe
new york, NY 10001
(212) 967-4100

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	1,265,443	0	408,701

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 9

			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*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY COUNSELLING SERVICE CO LLC 461 5TH AVENUE NEW YORK, NY 10017	professional fundraising	270,000
ORAM INC 930 MONTGOMERY ST SUITE 600 SAN FRANCISCO, CA 94133	CONsulting	175,707
JOEL MOSS - CO CEAF 5621 AVENUE RANDALL MONTREAL, QUEBEC H4V2W3 CA	consulting	154,863
enrique Burbinski raul Scalabrini Ortiz St 2464 5A buenos Aires AR	consulting	148,500

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 ▶ 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	546,129				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	12,231,825				
	f	All other contributions, gifts, grants, and similar amounts not included above	7,706,382				
	g	Noncash contributions included in lines 1a-1f $ 32,383					
	h	**Total.** Add lines 1a-1f		20,484,336			
Program Service Revenue			Business Code				
	2a	Service fee & misc	900,099	291,593	291,593		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		291,593			
	3	Investment income (including dividends, interest and other similar amounts)		849,356			849,356
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	32,810				
	b	Less rental expenses	31,699				
	c	Rental income or (loss)	1,111				
	d	Net rental income or (loss)		1,111			1,111
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	43,449,546				
	b	Less cost or other basis and sales expenses	44,858,410				
	c	Gain or (loss)	-1,408,864				
	d	Net gain or (loss)		-1,408,864			-1,408,864
Other Revenue	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					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Loan processing fee	900,099	300,766	300,766		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		300,766			
	12	**Total revenue.** See Instructions		20,518,298	592,359	0	-558,397

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	4,329,294	4,329,294		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	208,000	208,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	65,000	65,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,080,746	865,372	130,864	84,510
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,031,974	5,850,123	730,106	451,745
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	911,410	729,782	110,360	71,268
9	Other employee benefits	1,533,711	1,228,069	185,712	119,930
10	Payroll taxes	601,051	481,272	72,779	47,000
11	Fees for services (non-employees)				
a	Management	1,008,566	1,003,431	5,135	
b	Legal	28,113	17,689	10,424	
c	Accounting	150,827	119,827	31,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*	296,500			296,500
f	Investment management fees	390,171		390,171	
g	Other	694,034	560,875	120,948	12,211
12	Advertising and promotion	5,499	792	3,520	1,187
13	Office expenses	1,419,814	1,002,927	99,525	317,362
14	Information technology	213,520	173,129	16,078	24,313
15	Royalties				
16	Occupancy	1,897,279	1,599,440	165,222	132,617
17	Travel	1,483,755	1,438,880	24,172	20,703
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	232,372	191,545	24,104	16,723
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	resettlement documentat	967,520	967,520		
b	sUBSCRIPTIONS & members	149,025	142,752	3,288	2,985
c	local transportation	132,368	128,045	2,014	2,309
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	24,830,549	21,103,764	2,125,422	1,601,363
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		3,378,920	2	4,451,785
	3	Pledges and grants receivable, net		2,240,493	3	3,312,686
	4	Accounts receivable, net		715,665	4	249,580
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		298,884	9	311,749
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,150,455			
	b	Less accumulated depreciation	10b 1,712,745	608,984	10c	437,710
	11	Investments—publicly traded securities		48,854,139	11	50,378,710
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,395,668	15	1,399,880
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		57,492,753	16	60,542,100
Liabilities	17	Accounts payable and accrued expenses		3,450,729	17	3,365,835
	18	Grants payable		951,311	18	1,025,565
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		12,460,299	25	6,898,176
	26	**Total liabilities.** Add lines 17 through 25		16,862,339	26	11,289,576
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		31,803,771	27	39,778,281
	28	Temporarily restricted net assets		6,523,866	28	7,164,567
	29	Permanently restricted net assets		2,302,777	29	2,309,676
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		40,630,414	33	49,252,524
	34	Total liabilities and net assets/fund balances		57,492,753	34	60,542,100

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

1 ☐ A church, convention of churches, or association of churches **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 331/3% 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 331/3% 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h 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 in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,652,599	13,998,054	9,782,453	17,606,988	20,484,336	76,524,430
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	14,652,599	13,998,054	9,782,453	17,606,988	20,484,336	76,524,430
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						76,524,430

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	14,652,599	3,944,893	9,782,453	17,606,988	20,484,336	76,524,430
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,319,148	3,944,893	3,591,610	515,223	882,166	11,253,040
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	323,703	292,980	1,000,766	758,343	300,766	2,676,558
11 **Total support** (Add lines 7 through 10)						90,454,028

12 Gross receipts from related activities, etc (See instructions)	12	1,477,817

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	84 600 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	79 700 %

16a **33 1/3% support test—2009.** 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 ☑

b **33 1/3% support test—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income LOAN ADMINISTRATION FEES

Additional Data

Software ID:
Software Version:
EIN: 13-5633307
Name: HIAS INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Michael Rukin Chair	80	X		X				0	0	0
Marc Silberberg FIRST Vice Chair	80	X		X				0	0	0
Robert D Aronson VICE CHAIR	80	X		X				0	0	0
Suzette Brooks Masters Vice Chair	80	X		X				0	0	0
Barbara S Rosenthal Vice Chair	80	X		X				0	0	0
Dale Schwartz VICE CHAIR	80	X		X				0	0	0
SAndra spinner Vice Chair	80	X		X				0	0	0
Robert Whitehill VICE CHAIR	80	X		X				0	0	0
Allan Rodolitz Treasurer	80	X		X				0	0	0
W Stewart Cahn Secretary	80	X		X				0	0	0
Elliot Benjamin Director	80	X						0	0	0
Eugenia Brin director	80	X						0	0	0
Kayvan Hakim director	80	X						0	0	0
Benita Langsdorf director	80	X						0	0	0
Alan Gidwitz director	80	X						0	0	0
Carl Glick director	80	X						0	0	0
Neil Greenbaum director	80	X						0	0	0
Robert Israeloff director	80	X						0	0	0
Martin Kesselhaut director	80	X						0	0	0
HAROLD BERGER DIrector	80	X						0	0	0
Jamie metzl director	80	X						0	0	0
Laura Newmark director	80	X						0	0	0
Bahram Nour-Omid Director	80	X						0	0	0
JAMES L GOULD DIrector	80	X						0	0	0
James PRUSKY director	80	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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			
Barry Rosenthal director	80	X						0	0	0
Jeffrey Rubenstein director	80	X						0	0	0
LEE M GORDON Director	80	X						0	0	0
Everlyn Seelig director	80	X						0	0	0
NEIL MOSS Director	80	X						0	0	0
SANFORD MOZES Director	80	X						0	0	0
NORMAN RESNICOW Director	80	X						0	0	0
Matthew waxman director	80	X						0	0	0
Jerome Teller director	80	X						0	0	0
Leon Wides director	80	X						0	0	0
Gideon Aronoff President and CEO	40 00			X				260,000	0	78,947
Mark hetfield senior vice president	40 00			X				156,000	0	38,425
Mark MILDNER VP Finance & Adminstrati	40 00			X				145,600	0	54,753
Susan Milamed VP Membership & Developm	40 00			X				159,920	0	39,161
ROBERTA ELLIOTT VP MEDIA & COMMUNICATION	40 00			X				103,385	0	44,555
FRANK ROTONDI Director information ser	40 00					X		108,160	0	43,959
LEONARD TERLITSKY Director new independent	40 00					X		107,120	0	36,558
EMILY RUSS DIRECTOR VIENNA OPERATIO	40 00					X		110,500	0	36,905
RONNIE LAZAR Director of Human Resour	40 00					X		114,758	0	35,438

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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)	30,342	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	31,911	
c Total lobbying expenditures (add lines 1a and 1b)	62,253	
d Other exempt purpose expenditures	24,768,296	
e Total exempt purpose expenditures (add lines 1c and 1d)	24,830,549	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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? ☐ Yes ☐ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable 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	18,927	58,037	74,858	62,253	214,075
d Grassroots non-taxable 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	20,455	22,405	42,031	30,342	115,233

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)).

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ No

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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	43,880,884	63,532,404			
b Contributions	1,226,427	1,643,169			
c Investment earnings or losses	10,315,875	-16,751,848			
d Grants or scholarships	273,000	346,000			
e Other expenditures for facilities and programs	3,572,283	3,786,139			
f Administrative expenses	390,171	410,702			
g End of year balance	51,187,732	43,880,884			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 81 500 %
- b Permanent endowment ▶ 4 500 %
- c Term endowment ▶ 14 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		587,937	330,815	257,122
d Equipment		1,546,367	1,381,930	164,437
e Other		16,151		16,151
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				437,710

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SEVERANCE OBLIGATIONS	886,901
PENSION OBLIGATIONS (NON AMERICAN PLAN)	479,672
client deposits	4,624,257
PENSION OBLIGATIONS (AMERICAN PLAN)	907,346
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	6,898,176

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,518,298
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,830,549
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,312,251
4	Net unrealized gains (losses) on investments	4	11,167,242
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,767,119
9	Total adjustments (net) Add lines 4 - 8	9	12,934,361
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,622,110

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	31,547,192
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	11,167,242		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	31,699		
e	Add lines **2a** through **2d**			2e	11,198,941
3	Subtract line **2e** from line **1**			3	20,348,251
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	170,047		
c	Add lines **4a** and **4b**			4c	170,047
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	20,518,298

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	24,829,438
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	31,699		
e	Add lines **2a** through **2d**			2e	31,699
3	Subtract line **2e** from line **1**			3	24,797,739
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	32,810		
c	Add lines **4a** and **4b**			4c	32,810
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	24,830,549

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Permanently restricted net assets are comprised of investments stipulated in the donor's agreement and are to be held in perpetuity Use of appropriations from permanently restricted net assets are stipulated in the donor's agreement and may be used for scholarships or general expenditures
Part XI, Line 8 - Other Adjustments		LOSS ON SPLIT-INTEREST AGREEMENTS -137237 ACTUARIAL PENSION ADJUSTMENT 1904356
Part XII, Line 2d - Other Adjustments		RENTAL EXPENSES 31699
Part XII, Line 4b - Other Adjustments		Loss on Split - interest agreements 137237 RENTAL INCOME 32810
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 31699
Part XIII, Line 4b - Other Adjustments		RENTAL INCOME 32810

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	2	54	Program services	Refugee processing and oversight	4,383,478
Middle East and North Africa	1	4	Grants to recipients and Program services	Refugee processing and oversight	687,526
Russia and the Newly Independent States	2	18	Program services	Refugee processing and oversight	486,352
South America	3	110	Program services	Refugee processing and oversight	2,802,869
Sub-saharan africa	2	93	Program services	Refugee processing and oversight	2,201,195
Totals . . . . . ▶	10	279			10,561,420

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) 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 of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) 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)
Scholarships	Middle East and North Africa	65	65,000	check			

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
COMMUNITY COUNSELLING SERVICE CO LLC	STRATEGY		No	0	270,000	-270,000
MYERBERG SHAIN & ASSOCIATES	STRATEGY		No	0	26,500	-26,500
Total . . . . . ▶					296,500	-296,500

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 24

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
Scholarships	101	208,000		other	
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 HIAS conducts worldwide operations using a system of internal controls to 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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-5633307
Name: HIAS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Jewish Family Service of Western Massachusetts15 Lenox Street Springfield, MA 01108	04-2104352	501(c)(3)	271,857				Reception & Placement, Refugee Healthy Marr , REHA
Jewish Family & Children's Services1430 Main Street Waltham, MA 02451	04-2104356	501(c)(3)	69,108				Reception & Placement, Refugee Healthy Marr , REHA
Jewish Family Service475 Franklin Street Suite 101 Framingham, MA 01702	04-2730898	501(c)(3)	7,200				Reception & Placement
FEGS Health and Human Services315 Hudson Street New York, NY 10013	13-1624000	501(c)(3)	461,042				Reception & Placement, Matching Grant, Refugee Healthy Marr
Jewish Family Services of Buffalo and Erie County70 Barker Street Buffalo, NY 14209	16-0760888	501(c)(3)	328,919				Reception & Placement, Matching Grant
Jewish Family Service1485 Teaneck Rd Teaneck, NJ 07666	22-2223109	501(c)(3)	36,204				Reception & Placement, Refugee Healthy Marr
HIAS & Council Migration Service of Philadelphia2100 Arch Street Philadelphia, PA 19103	23-1405597	501(c)(3)	213,409				reception & placement, matching grant, REHA
Jewish Family & Children's Services of Pittsburgh5743 Bartlett Street Pittsburgh, PA 15217	25-0965407	501(c)(3)	152,553				Refugee Health Marr , Matching Grant
Jewish Federation of Greater Pittsburgh234 McKee Place Pittsburgh, PA 15213	25-1017602	501(c)(3)	112,244				Reception & Placement, REHA
Jewish Refugee Resettlement of Southern Arizona4301 East Fifth Street Tucson, AZ 85711	26-2811408	501(c)(3)	63,264				Reception & Placement, Matching Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Jewish Child & Family Service216 West Jackson Blvd Suite 800 Chicago, IL 60606	36-2167757	501(c)(3)	115,699				Reception & Placement, Refugee Healthy Marr , REHA
Jewish Family and Children's Service of Minneapolis13100 Wayzata Blvd Suite 400 Minnetonka, MN 55305	41-0693860	501(c)(3)	5,400				Reception & Placement
Jewish Family Services of Washtenaw County2935 Birch Hollow Drive Ann Arbor, MI 48108	41-2147486	501(c)(3)	43,318				Reception & Placement, REHA
Jewish Community Services 5750 Park Heights Avenue Baltimore, MD 21215	52-0607909	501(c)(3)	22,042				Reception & Placement, REHA
Jewish Social Service Agency200 Woodhill Road Rockville, MD 20850	53-0196598	501(c)(3)	22,653				Reception & Placement, Refugee Healthy Marr
Jewish Family and Career Services4549 Chamblee Dunwoody Road Atlanta, GA 30338	58-1479212	501(c)(3)	196,390				Reception & Placement, Refugee Healthy Marr , Matching Grant, REHA
Jewish Family Service3400 Cottage Way Suite P Sacramento, CA 95825	68-0162908	501(c)(3)	20,700				Reception & Placement
US Together Inc24800 Chargrin Blvd Beachwood, OH 44122	83-0395108	501(c)(3)	1,015,595				Reception & Placement, Refugee Healthy Marr , Matching Grant, REHA
Jewish Family Service of Colorado3201 S Tamarac Drive Denver, CO 80231	84-0402701	501(c)(3)	11,050				Reception & Placement, REHA
Jewish Family Service of Seattle1601 16th Avenue Seattle, WA 98122	91-0565537	501(c)(3)	118,025				Reception & Placement, Matching Grant, REHA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Jewish Family Services of Silicon Valley14855 Oka Road Suite 202 Los Gatos, CA 95030	94-2536452	501(c)(3)	180,520				Reception & Placement, Matching Grant
Jewish Family & Children's Services of the East Bay 2484 Shattuck Avenue 210 Berkeley, CA 94704	94-3250304	501(c)(3)	17,100				Reception & Placement
Jewish Federation Council of Greater Los Angeles6505 Wilshire Blvd Suite 1100 Los Angeles, CA 90048	95-1643388	501(c)(3)	214,610				Reception & Placement, Matching Grant, REHA
Jewish Family Service of San Diego8804 Balboa Avenue San Diego, CA 92123	95-1644024	501(c)(3)	610,854				Reception & Placement, Refugee Healthy Marr , REHA

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gideon Aronoff	(i)	260,000	0	0	59,441	19,506	338,947	0
	(ii)	0	0	0	0	0	0	0
Mark hetfield	(i)	156,000	0	0	35,665	2,760	194,425	0
	(ii)	0	0	0	0	0	0	0
Mark MILDNER	(i)	145,600	0	0	33,287	21,466	200,353	0
	(ii)	0	0	0	0	0	0	0
Susan Milamed	(i)	159,920	0	0	36,561	2,600	199,081	0
	(ii)	0	0	0	0	0	0	0
FRANK ROTONDI	(i)	108,160	0	0	24,728	19,231	152,119	0
	(ii)	0	0	0	0	0	0	0
RONNIE LAZAR	(i)	114,758	0	0	26,236	9,202	150,196	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	4	32,383	sales price
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 1-28 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?		No
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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THIS NUMBER REPRESENTS THE AMOUNT OF CONTRIBUTORS
Third Party Use	Part I, Line 32b	HIAS has a written Gift Acceptance Policy stipulating what types of gifts are acceptable and who may contribute to HIAS Additionally, a Board designated Gift Acceptance Committee exists to set policy on gifts/contributions

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The HIAS President and Board of Directors perform a detailed review of Form 990 prior to being filed with the IRS The Form 990 is similarly reviewed in detail and signature-approved by the HIAS CFO

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		1 RATIONALE Officers, directors, committee members and senior staff members of HIAS (collectively, "Senior Officials") have a fiduciary duty to conduct all business of HIAS in a manner consistent with the best interests of HIAS This duty requires that all decisions and actions of Senior Officials on behalf of HIAS must be made or taken solely with a view to, and with an intention to, promote the best interests of HIAS Senior Officials are likely to be, and indeed should be, persons with substantial involvement in business and community organizations It would be very difficult, or perhaps impossible, for HIAS to recruit competent leadership from people entirely free of potential conflicts of interest with HIAS The best way to protect HIAS from the taint of actual or apparent conflicts of interest is for HIAS to require Senior Officials to disclose potential conflicts of interest in advance With this information in hand at the outset, HIAS can take action to prevent the conflict of interest from tainting the decision-making process of HIAS Such action will consist of, among other measures, excluding the conflicted Senior Official from any vote regarding the specific matter, although depending on circumstances the conflicted individual may or may not be permitted to participate in the discussion regarding that matter 2 DEFINITIONS A "Conflict of Interest" exists for a Senior Official when s/he (i) directly or indirectly (i e , through a Family Member, as hereinafter defined) does or seeks to do business with, or receives or seeks to receive anything of value from, HIAS or any Affiliated Agency or Beneficiary Agency (as hereinafter respectively defined), (ii) has a direct or indirect (i e , through a Family Member) ownership interest or investment in an organization doing or seeking to do business with, or receiving or seeking to receive anything of value from, HIAS or any Affiliated Agency or Beneficiary Agency, (iii) receives anything of value from any person or organization who does or seeks to do business with HIAS or any Affiliated Agency or Beneficiary Agency, or (iv) is an officer, director, influential employee or consultant of any Affiliated Agency or Beneficiary Agency The "Affiliated Agencies" and "Beneficiary Agencies" mean those agencies listed on Attachment A hereto A "Family Member" of an individual means the spouse, children, grandchildren, siblings and parents of such individual 3 DISCLOSURE All Senior Officials shall submit to HIAS an initial written disclosure statement and, thereafter, annual disclosure statements, in the form of Attachment B hereto or such other form as may be utilized by HIAS from time to time, attesting that S/he understands and agrees to comply with this Conflict of Interest Policy, and Except as specifically described in the disclosure statement, neither s/he nor, to the best of his/her knowledge, any of his/her Family Members, has during the past 12 months been engaged in, or anticipates at any time in the future being engaged in, any Conflict of Interest In addition to submitting initial and annual disclosure statements, whenever a Senior Official is present at a meeting where s/he can reasonably anticipate that final deliberation or voting is about to occur on a matter in which s/he has a Conflict of Interest, s/he shall immediately and fully disclose the Conflict of Interest to the person chairing the meeting 4 NON-PARTICIPATION A Senior Official who has disclosed or been found to have a Conflict of Interest with respect to a particular matter shall refrain from any vote regarding that specific matter, although depending on circumstances such individual may or may not be permitted to participate in the discussion regarding that matter 5 REPORTING The Human Resources Director of HIAS shall be responsible for collecting and reviewing the initial and annual disclosure statements, and at least annually shall submit to the Chair of the Board and the President a written report listing the Conflicts of Interest disclosed in such statements and the actions, if any, taken by HIAS in response thereto 6 PENALTY FOR NONCOMPLIANCE Failure of any Senior Official to comply with this Conflict of Interest Policy, including but not limited to failure to timely submit disclosure statements may include the following penalties, as appropriate Board Member- may be grounds for removal from office and the Board, Employee- may be grounds for termination or other disciplinary action 7 EXCESS BENEFIT TRANSACTIONS In deciding whether to approve any contract or transaction between HIAS and a Senior Official, the Board of Directors or committee with authority to grant final approval (the "decision-making body") must comply with the substantive and procedural requirements of the "excess benefit" rules of the Internal Revenue Code These rules require that (i) the economic benefits to the Senior Official must not exceed a reasonable amount, (ii) the decision-making body must obtain and use comparability data in making the decision, and (iii) the decision-making body must fully and timely document the basis for its decision Further guidance on the "excess benefit" rules can be obtained from HIAS' legal counsel

Form 990, Part VI, Section B, line 15 THE HUMAN RESOURCES DEPARTMENT REVIEWS AND APPROVES COMPENSATION DATA THE COMPENSATION COMMITTEE REVIEWS AND APPROVES COMPENSATION INCREASES TO THE 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 AN APPROPRIATE SALARY FOR THE CEO AND REVIEWS COMPENSATION FOR OTHER SENIOR MANAGEMENT POSITIONS Form 990, Part VI, Section C, line 19 THE FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THESE DOCUMENTS ARE ALSO AVAILABLE THROUGH WEB-BASED MEANS THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC FORM 990, PART XI, LINE 2C THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS Schedule G, Part I, Line 2b, Column (v) Explanation of Fundraising Payments BOTH VENDORS PROVIDE PROFESSIONAL FUNDRAISING CONSULTING SERVICES SCHEDULE G, PART I, LINE 2B, COLUMN (IV) HIAS contracted in 2009 with 2 vendors providing Professional Fundraising consulting services The consultants provide advice on short and long term fund raising plans, assist management and staff in research efforts and data collection, and assist in training HIAS personnel