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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
HIAS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
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 $ 58,681,021

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) ☐ 501(c) ( ) ◀ (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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	80
6	Total number of volunteers (estimate if necessary)	**6**	31
7a	Total 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
8	Contributions and grants (Part VIII, line 1h)	20,998,660	22,866,188
9	Program service revenue (Part VIII, line 2g)	302,666	778,983
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,153,543	3,377,765
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	406,141	-78,938
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,861,010	26,943,998
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,280,167	6,488,850
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,627,157	11,029,607
16a	Professional fundraising fees (Part IX, column (A), line 11e)	169,950	90,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,606,927		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,841,775	8,494,024
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,919,049	26,102,481
19	Revenue less expenses Subtract line 18 from line 12	-2,058,039	841,517

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	62,475,248	61,768,095
21	Total liabilities (Part X, line 26)	10,372,980	14,507,772
22	Net assets or fund balances Subtract line 21 from line 20	52,102,268	47,260,323

Net Assets or Fund Balances

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

****** 2013-01-29
Signature of officer — Date

MARK MILDNER VP FINANCE AND ADMINISTRATION
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
FREDERICK H ROTHMAN		☐	P01275277

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 ▶ 13-1517563

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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE OHIAS 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 10,636,473 including grants of $ 9,257,221) (Revenue $ 778,983)

SEE SCHEDULE OHIAS' EXTENSIVE SLATE OF INTERNATIONAL PROGRAMS 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 A RANGE OF PROGRAMS TO REDUCE THE IMPACT OF DISPLACEMENT, VIOLENCE, TRAUMA, AND SUFFERING ON REFUGEES THESE PROGRAMS ARE FULLY OR PARTIALLY FUNDED BY THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) AND OTHER UNITED NATIONS ENTITIES, THE U S GOVERNMENT, AND PRIVATE FUNDERS - IN LATIN AMERICA, HIAS HELPS REFUGEES ESCAPING THE COLOMBIAN CIVIL WAR TO INTEGRATE SUCCESSFULLY INTO NEW SOCIETIES SERVICES VARY FROM SITE TO SITE AND INCLUDE PSYCHOLOGICAL COUNSELING, SOCIAL SERVICES, EMPLOYMENT COUNSELING, INFORMATION AND ORIENTATION, AND HUMANITARIAN ASSISTANCE IN 2011, HIAS ASSISTED 44,735 COLOMBIAN REFUGEES IN ECUADOR, VENEZUELA, PANAMA, AND ARGENTINA IN ADDITION, HIAS MONITORS COUNTRY CONDITIONS THROUGHOUT THE REGION TO SAFEGUARD JEWISH COMMUNITIES AT RISK, AND ADVISES JEWISH COMMUNITIES AND FAMILIES ON MIGRATION OPTIONS - IN CHAD, HIAS IS THE ONLY JEWISH ORGANIZATION WORKING ON THE GROUND IN THE DARFURI REFUGEE CAMPS, ASSISTING THOSE WHO SURVIVED MASS ATROCITIES AND GENOCIDE IN THE DARFUR REGION OF SUDAN PROGRAMS TARGET HIGH-RISK POPULATIONS IN THE CAMPS AND INCLUDE SEXUAL AND GENDER-BASED VIOLENCE AWARENESS AND PREVENTION, CHILD PROTECTION, FOOD DISTRIBUTION, AND PEACE AND CONFLICT RESOLUTION PROGRAMS WITH LOCAL HOST COMMUNITIES IN 2011, HIAS PROGRAMS IN CHAD AIDED APPROXIMATELY 68,000 REFUGEES IN FOUR CAMPS - IN NAIROBI, KENYA AND KAMPALA, UGANDA, HIAS PROVIDES RESETTLEMENT ASSISTANCE, PSYCHOLOGICAL COUNSELING, AND SOCIAL SERVICES TO VULNERABLE REFUGEES WHO HAIL FROM MORE THAN HALF A DOZEN NEIGHBORING COUNTRIES, TARGETED PROGRAMS AID SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE IN 2011, 359 HIAS-REFERRED REFUGEES WERE RESETTLED IN THE U S AND CANADA, AN ADDITIONAL 256 WERE SUBMITTED FOR RESETTLEMENT CONSIDERATION AND ARE EXPECTED TO DEPART IN 2012 - IN VIENNA, HIAS WORKS IN PARTNERSHIP WITH THE U S DEPARTMENT OF STATE TO OPERATE THE RESETTLEMENT SUPPORT CENTER (RSC) TO ASSIST JEWISH AND OTHER PERSECUTED RELIGIOUS MINORITIES FROM IRAN WHO ARE SEEKING TO RESETTLE IN AMERICA UNDER THE U S REFUGEE ADMISSIONS PROGRAM THE RSC PROVIDES THE COMPLETE RANGE OF IMMIGRATION ASSISTANCE NEEDED TO LEGALLY ENTER AND BE RESETTLED IN THE U S AS REFUGEES, AS WELL AS CULTURAL ORIENTATION TO PREPARE REFUGEES ACCEPTED TO THE U S REFUGEE ADMISSIONS PROGRAM FOR LIFE IN AMERICA IN 2011, 1,123 INDIVIDUALS DEPARTED FROM VIENNA TO THE U S FOR RESETTLEMENT - IN ISRAEL, HIAS PROVIDES 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 WE ALSO AWARD SCHOLARSHIPS AND PROVIDE OTHER ASSISTANCE TO NEW ISRAELI IMMIGRANTS (OLIM) IN 2011, HIAS AWARDED SCHOLARSHIPS TO 84 RECENT IMMIGRANTS TO ISRAEL - IN THE RUSSIAN FEDERATION IN MOSCOW, WE MONITOR THE MIGRATION NEEDS OF JEWISH COMMUNITIES THROUGHOUT THE FORMER SOVIET UNION AND COUNSEL JEWISH FAMILIES SEEKING TO REUNITE WITH RELATIVES IN THE U S - IN KYIV, UKRAINE (SUPERVISED FROM MOSCOW), WE OPERATE LEGAL PROTECTION SERVICES (LPS), A UNHCR-FUNDED PROGRAM THAT PROVIDES LEGAL REPRESENTATION FOR ASYLUM SEEKERS IN UKRAINE IN 2011, HIAS AIDED 1,359 REFUGEES AND ASYLUM SEEKERS FROM 39 COUNTRIES THROUGH THE MOSCOW AND KYIV PROGRAMS

4b (Code) (Expenses $ 10,584,851 including grants of $ 8,386,755) (Revenue $)

SEE SCHEDULE 0 IN THE U S , HIAS COORDINATES AND FUNDS A WIDE VARIETY OF REFUGEE RESETTLEMENT ACTIVITIES IN CONJUNCTION WITH ITS NATIONAL NETWORK OF 30 AFFILIATES THESE PROGRAMS, WHICH ARE SUPPORTED BY THE U S GOVERNMENT, PRIVATE FOUNDATIONS, AND INDIVIDUAL DONORS, ARE INSTRUMENTAL IN HELPING CURRENT AND FORMER HIAS CLIENTS ESTABLISH NEW LIVES IN THE U S , INTEGRATE INTO AMERICAN SOCIETY, AND GAIN CITIZENSHIP IN 2011, HIAS RESETTLED 2,057 REFUGEES IN THE U S OUR PROGRAMS INCLUDE - THE RECEPTION AND PLACEMENT PROGRAM, WHICH PROCESSES FAMILY REUNIFICATION REFUGEE APPLICATIONS, FACILITATES THE PLACEMENT OF REFUGEES IN SPECIFIC LOCALITIES, PROVIDES FOR THEIR TRAVEL, ENSURES THE PROVISION OF BASIC NECESSITIES, AND OFFERS ESSENTIAL CASE MANAGEMENT SERVICES DURING THE FIRST 30-90 DAYS AFTER THEIR ARRIVAL IN THE U S - THE MATCHING GRANT PROGRAM PROVIDES CERTAIN REFUGEES WITH NECESSITIES, EMPLOYMENT SERVICES, AND CASE MANAGEMENT SERVICES FOR UP TO 180 DAYS AFTER THEIR ARRIVAL IN THE U S - THE PREFERRED COMMUNITIES PROGRAM PROVIDES ENHANCED CASE MANAGEMENT SERVICES FOR SPECIFIC POPULATIONS IN PARTICIPATING LOCATIONS FOR UP TO FIVE YEARS AFTER THEIR ARRIVAL IN THE U S - THE REFUGEE FAMILY STRENGTHENING PROGRAM PROVIDED TOOLS AND INFORMATION TO HELP REFUGEES STRENGTHEN THEIR MARRIAGES AND FAMILY STRUCTURES TO WITHSTAND THE STRESSES INHERENT IN THE EMIGRATION AND INTEGRATION PROCESS BECAUSE THE FEDERAL GOVERNMENT STOPPED ISSUING THE RFP FOR THIS PROGRAM, HIAS' NINE-YEAR TENURE AS NATIONAL COORDINATOR ENDED ON DECEMBER 31, 2011 - HIAS PROVIDES TECHNICAL ASSISTANCE TO OUR NATIONAL NETWORK OF AFFILIATES ON ISSUES RELATING TO DEVELOPMENT AND IMPLEMENTATION OF THE ABOVE PROGRAMS AND TO IMMIGRATION LAW - HIAS PROVIDES OR HELPS TO SECURE LEGAL REPRESENTATION FOR ASYLUM SEEKERS THROUGHOUT THE UNITED STATES, INCLUDING A LIVING ALLOWANCE THROUGH THE HIAS-PRINS ASYLUM PROGRAM FOR ASYLUM SEEKERS WHO WERE SCIENTISTS, SCHOLARS, ARTISTS OR OTHER TYPES OF PROFESSIONALS IN THEIR COUNTRIES OF ORIGIN AND DESIRE TO CONTINUE OR REBUILD THEIR CAREERS IN THE UNITED STATES - IN 2011, HIAS WAS AWARDED A SECOND GRANT FROM THE OFFICE OF CITIZENSHIP, U S DEPARTMENT OF HOMELAND SECURITY, TO PROVIDE CAPACITY BUILDING AND TECHNICAL ASSISTANCE FOR NEW CITIZENSHIP INTEGRATION PROGRAMS, DOUBLING THE NUMBER OF PARTICIPATING AFFILIATES FROM THREE TO SIX

4c (Code) (Expenses $ 1,071,200 including grants of $) (Revenue $)

SEE SCHEDULE 0- A KEY COMPONENT OF HIAS' DOMESTIC MISSION IS ADVOCACY FOR IMMIGRATION LAWS AND POLICIES THAT ARE GENEROUS AND HUMANE, MEET OUR NATION'S ECONOMIC AND SECURITY NEEDS, AND HONOR AMERICA'S HISTORY AS A NATION OF IMMIGRANTS 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 HIAS' ADVOCACY WORK IS STRONGLY CONNECTED TO AN ARRAY OF PROGRAMS THAT WE CONDUCT TO FURTHER ENGAGE THE AMERICAN JEWISH COMMUNITY IN HIAS' MISSION AND TO DEEPEN ITS CONNECTION TO JEWISH MIGRATION STORIES AND THE PRESSING CONCERNS OF TODAY'S REFUGEES FROM ALL BACKGROUNDS EXAMPLES INCLUDE - HIAS SUCCESSFULLY LED THE COORDINATION OF THE AMERICAN JEWISH COMMUNITY'S ADVOCACY FOR EXTENSION OF THE LAUTENBERG AMENDMENT, WHICH IS CRITICAL TO PROVIDING A SAFE AND LEGAL PATHWAY TO THE U S FOR REFUGEES FROM IRAN AND THE FORMER SOVIET UNION AS A RESULT OF ADVOCACY BY HIAS AND OUR JEWISH AND INTERFAITH PARTNERS, AN EXTENSION OF THE LAUTENBERG AMENDMENT THROUGH JUNE 2011 WAS INCLUDED IN THE FEDERAL FY 2011 APPROPRIATIONS BILL ENACTED IN APRIL 2011 ALSO AS A RESULT OF HIAS' ADVOCACY, IN DECEMBER 2011 CONGRESS EXTENDED THE LAUTENBERG AMENDMENT THROUGH THE END OF FEDERAL FY 2012, WHICH RUNS UNTIL SEPTEMBER 30, 2012 - HIAS CONTINUED TO LEAD A COALITION TO ADVOCATE FOR LEGISLATION THAT WOULD EXTEND REFUGEES' ELIGIBILITY FOR SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS, AS WE SUCCESSFULLY DID FOR 2008-10 IN 2011, THE SENATE PASSED A BILL TO EXTEND REFUGEE ELIGIBILITY FOR SSI FOR ONE ADDITIONAL YEAR, ONE OF THE VERY FEW PRO-IMMIGRANT BILLS TO PASS THE SENATE DURING THE 2011 CONGRESS - HIAS CONTINUED TO PARTICIPATE IN THE INTERFAITH IMMIGRATION COALITION, WHICH ADVOCATES FOR FAIR AND HUMANE IMMIGRATION LAWS AND POLICIES AND AGAINST PUNITIVE STATE IMMIGRATION ENFORCEMENT LAWS, AND SPEARHEADED NATIONAL JEWISH ADVOCACY IN THESE SAME AREAS IN ADDITION, OUR WASHINGTON, DC ADVOCACY OFFICE AND THE U S CONFERENCE OF CATHOLIC BISHOPS CONVENED A GROUP OF LEADERS REPRESENTING THE NATIONAL ASSOCIATION OF EVANGELICALS, THE SOUTHERN BAPTIST CONVENTION, AND THE MORMON CHURCH TO COORDINATE ACTION IN SUPPORT OF CIVIL CAMPAIGN RHETORIC ABOUT IMMIGRANTS DURING THE 2012 ELECTIONS - HIAS RUNS A ROBUST SERIES OF PROGRAMS TO ENGAGE THE 450,000 JEWS FROM THE FORMER SOVIET UNION WHOM WE BROUGHT TO THE U S , AS WELL AS THEIR DESCENDANTS THROUGH HIAS' CIVIC AND VOTER EDUCATION INITIATIVE (CVEI), HIAS HELPS INTEGRATE ITS FORMER CLIENTS INTO THE AMERICAN POLITY, ENGAGING THEM IN ADVOCACY AND VOTER EDUCATION PROJECTS, AND PROVIDING LEADERSHIP DEVELOPMENT PROGRAMS FOR THE NEXT GENERATION IN 2011, HIAS ALSO PRODUCED 26 EPISODES OF OUR RUSSIAN-LANGUAGE PUBLIC AFFAIRS CABLE TELEVISION SHOW, HIAS ANSWERS, WHICH IS SEEN BY 200,000 HOUSEHOLDS NATIONWIDE, TO EXPAND ON AND PROMOTE THESE ACTIVITIES - HIAS CONNECTS ONE GENERATION TO THE NEXT THROUGH A VARIETY OF PROGRAMS, THE PRIMARY AVENUE BEING HIAS YOUNG LEADERS, A CORPS OF ACCOMPLISHED PEOPLE IN THEIR 20'S AND 30'S WHO ADVOCATE, VOLUNTEER, AND RAISE FUNDS TO SUPPORT HIAS' MISSION HIAS ALSO AWARDS EDUCATIONAL SCHOLARSHIPS TO HIAS-ASSISTED REFUGEES IN THE U S IN 2011, HIAS AWARDED 59 SUCH SCHOLARSHIPS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 22,292,524

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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**		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	42		
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** Yes	
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**	80		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	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 or securities account)?			**4a** Yes	
b	If "Yes," enter the name of the foreign country ▶ KE , EC , AR , RS , UP , CD , IS , AU , VE , CA See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
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 governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 , CO , 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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,417,278	0	375,755

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
AMBULATORIUM UND PRAXISZENTRUM AUGARTEN UNTERE AUGARTENSTRABE 1-31020 VIENNA AU	CONSULTING-MEDICAL SERVICES	185,653
ENRIQUE BURBINSKI RAUL SCALABRINI ORTIZ ST 2464 5A BUENOS AIRES AR	CONSULTING- LATIN AMERICAN OPERATIONS	180,619
ADS ADVERTISING AND MAILING SERVICES LT 105 ANN ST NEWBURGH, NY 12550	CONSULTING-BULK MAILING SERVICES	178,117

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

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	379,875				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	13,763,361				
	f	All other contributions, gifts, grants, and similar amounts not included above	8,722,952				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		22,866,188			
Program Service Revenue			Business Code				
	2a	LOAN PROCESSING FEE	900099	517,920	517,920		
	b	SERVICE FEE & MISC	900099	261,063	261,063		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		778,983			
	3	Investment income (including dividends, interest and other similar amounts)		1,983,920			1,983,920
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	58,128				
	b	Less rental expenses	137,066				
	c	Rental income or (loss)	-78,938				
	d	Net rental income or (loss)		-78,938			-78,938
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	32,993,802				
	b	Less cost or other basis and sales expenses	31,599,957				
	c	Gain or (loss)	1,393,845				
	d	Net gain or (loss)		1,393,845			1,393,845
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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		26,943,998	778,983	0	3,298,827

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,157,850	6,157,850		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	241,000	241,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	90,000	90,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,046,394	546,941	308,541	190,912
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	7,292,543	6,185,560	653,033	453,950
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	578,204	434,518	84,922	58,764
9	Other employee benefits	1,495,883	1,219,955	154,726	121,202
10	Payroll taxes	616,583	499,434	67,823	49,326
11	Fees for services (non-employees)				
a	Management	1,029,466	935,685	88,749	5,032
b	Legal	51,517	38,976	10,740	1,801
c	Accounting	212,364	190,043	22,321	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	90,000			90,000
f	Investment management fees	355,515		355,515	
g	Other	452,927	325,208	56,881	70,838
12	Advertising and promotion	9,491	4,733	2,591	2,167
13	Office expenses	1,472,067	1,044,886	115,961	311,220
14	Information technology	477,429	380,473	33,908	63,048
15	Royalties . .				
16	Occupancy	1,942,212	1,641,026	161,369	139,817
17	Travel	2,002,434	1,899,299	68,663	34,472
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	168,394	144,144	13,496	10,754
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	RESETTLEMENT DOCUMENTAT	185,794	185,794		
b	SUBSCRIPTIONS AND MEMBE	134,414	126,999	3,791	3,624
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	26,102,481	22,292,524	2,203,030	1,606,927
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		2,340,041	2	2,478,978
	3	Pledges and grants receivable, net		4,344,864	3	4,725,643
	4	Accounts receivable, net		188,066	4	146,524
	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		300,693	9	332,249
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,392,654			
	b	Less accumulated depreciation	10b 2,065,747	407,334	10c	326,907
	11	Investments—publicly traded securities		53,504,009	11	52,529,087
	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		1,390,241	15	1,228,707
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		62,475,248	16	61,768,095
Liabilities	17	Accounts payable and accrued expenses		5,097,265	17	4,553,995
	18	Grants payable		80,865	18	60,704
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,194,850	25	9,893,073
	26	**Total liabilities.** Add lines 17 through 25		10,372,980	26	14,507,772
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		42,466,797	27	38,325,389
	28	Temporarily restricted net assets		7,337,585	28	6,629,488
	29	Permanently restricted net assets		2,297,886	29	2,305,446
		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		52,102,268	33	47,260,323
	34	Total liabilities and net assets/fund balances		62,475,248	34	61,768,095

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	26,943,998
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,102,481
3	Revenue less expenses Subtract line 2 from line 1	3	841,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	52,102,268
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,683,463
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	47,260,323

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2011

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,782,453	17,606,988	20,484,336	20,998,660	22,866,188	91,738,625
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	9,782,453	17,606,988	20,484,336	20,998,660	22,866,188	91,738,625
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						91,738,625

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	9,782,453	17,606,988	20,484,336	20,998,660	22,866,188	91,738,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,591,610	515,223	882,166	2,048,873	2,042,048	9,079,920
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	1,000,766	758,343	300,766	404,452		2,464,327
11 **Total support** (Add lines 7 through 10)						103,282,872

12	Gross receipts from related activities, etc (See instructions)	12	1,946,181

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 2011 (line 6 column (f) divided by line 11 column (f))	14	88 820 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	85 780 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 ▶☐

Name of organization
HIAS INC

Employer identification number
13-5633307

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete columns **(a)** through **(e) and** the following line entry)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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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

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	21,292	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	58,741	
c Total lobbying expenditures (add lines 1a and 1b)	80,033	
d Other exempt purpose expenditures	26,023,365	
e Total exempt purpose expenditures (add lines 1c and 1d)	26,103,398	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ 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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	74,858	62,253	58,024	80,033	275,168
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	42,031	30,342	32,074	21,292	125,739

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	55,916,345	51,187,732	43,880,884	63,532,404	
b	Contributions	2,308,114	2,128,805	1,226,427	1,643,169	
c	Investment earnings or losses	675,181	6,814,732	10,315,875	-16,751,848	
d	Grants or scholarships	331,000	344,000	273,000	346,000	
e	Other expenditures for facilities and programs	3,621,531	3,478,383	3,572,283	3,786,139	
f	Administrative expenses	355,515	392,541	390,171	410,702	
g	End of year balance	54,591,594	55,916,345	51,187,732	43,880,884	

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

- a Board designated or quasi-endowment ▶ 83 700 %
- b Permanent endowment ▶ 4 200 %
- c Term endowment ▶ 12 100 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		592,605	412,138	180,467
d Equipment		1,795,466	1,649,026	146,440
e Other	4,583		4,583	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				326,907

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
(1) Financial derivatives		
(2) 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	913,036
PENSION OBLIGATIONS (NON AMERICAN PLAN)	516,998
CLIENT DEPOSITS	4,479,406
PENSION OBLIGATIONS (AMERICAN PLAN)	3,983,633
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	9,893,073

2. Fin 48 (ASC 740) 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 (ASC740)

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	26,943,998
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,102,481
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	841,517
4	Net unrealized gains (losses) on investments	4	-2,411,325
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,272,138
9	Total adjustments (net) Add lines 4 - 8	9	-5,683,463
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,841,946

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	24,320,383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,411,325		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	137,066		
e	Add lines **2a** through **2d**			2e	-2,274,259
3	Subtract line **2e** from line **1**			3	26,594,642
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	349,357		
c	Add lines **4a** and **4b**			4c	349,357
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	26,943,999

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

1	Total expenses and losses per audited financial statements			1	26,181,419
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	137,066		
e	Add lines **2a** through **2d**			2e	137,066
3	Subtract line **2e** from line **1**			3	26,044,353
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	58,128		
c	Add lines **4a** and **4b**			4c	58,128
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	26,102,481

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS ARE COMPRISED OF INVESTMENTS STIPULATED IN THE DONOR'S AGREEMENT AND ARE TO BE HELD IN PERPETUITY USE OF APPROPRIATIONS FROM PERMANENTLY RESTRICTED NET ASSETS ARE STIPULATED IN THE DONOR'S AGREEMENT AND MAY BE USED FOR SCHOLARSHIPS OR GENERAL EXPENDITURES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	HIAS HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2008 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON SPLIT-INTEREST AGREEMENTS -141,229 ACTUARIAL PENSION ADJUSTMENT -2,980,909 LOSS ON VALUE OF TRUST INVESTMENT -150,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 -3,272,138
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 137,066
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON SPLIT - INTEREST AGREEMENTS 141,229 RENTAL INCOME 58,128 LOSS IN VALUE OF BENEFICIAL INTEREST IN TRUST 150,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 137,066
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RENTAL INCOME 58,128

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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

2011

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE (INCLUDING ICELAND AND GREENLAND)	2	40	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	2,270,548
MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	326,188
MIDDLE EAST AND NORTH AFRICA			GRANTS TO RECIPIENTS		90,000
RUSSIA AND THE NEWLY INDEPENDENT STATES	2	19	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	429,549
SOUTH AMERICA	4	147	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	4,076,407
SUB-SAHARAN AFRICA	3	101	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	1,700,570
3a Sub-total	12	310			8,893,262
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	12	310			8,893,262

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 Part V 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 Part V 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	84	90,000	CHECK			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) 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

2011

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.

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 services? ☑ **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 and address 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 COUNSULTING SERVICE CO LLC 461 FIFTH AVE NEW YORK, NY 10017	STRATEGY		No	0	90,000	-90,000
Total . . . . . ▶					90,000	-90,000

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 and 10 in column (d) ▶				

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	HIAS CONTRACTED IN 2011 WITH A VENDOR TO PROVIDE PROFESSIONAL FUNDRAISING CONSULTING SERVICES THE CONSULTANT PROVIDES ADVICE ON SHORT AND LONG TERM FUNDRAISING PLANS, ASSISTS MANAGEMENT AND STAFF IN RESEARCH EFFORTS AND DATA COLLECTION, AND ASSISTS IN TRAINING HIAS PERSONNEL

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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

2011

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 listed in the line 1 table . . . ▶ 24

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

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
(1) SCHOLARSHIPS	59	241,000		OTHER	

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 & CHILDREN'S SERVICES OF THE EAST BAY2484 SHATTUCK AVENUE 210 BERKELEY,CA 94704	94-3250304	501(C)(3)	35,396				R&P, PREF COMM #5
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 1100 LOS ANGELES,CA 90048	95-1643388	501(C)(3)	159,725				R&P 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
JEWSIH FAMILY SERVICES OF SILICON VALLEY 14855 OKA ROAD SUITE 202 LOS GATOS,CA 95032	94-2536452	501(C)(3)	95,125				R&P MATCHING GRANT
JEWISH FAMILY SERVICE OF SAN DIEGO8804 BALBOA AVENUE SAN DIEGO,CA 92123	95-1644024	501(C)(3)	673,425				R&P, MATCHING GRANT, PREF COMM #1, HEALTHY MARR #1, #2, LOCAL CITIZENSHIP EDUCATION AND NATURALIZATION

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 AND CHILDREN SERVICE2150 POST ST SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	5,400				R&P
JEWISH FAMILY SERVICE OF COLORADO3201 S TAMARAC DRIVE DENVER,CO 80231	84-0402701	501(C)(3)	9,814				R&P

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
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES14041 ICOT BOULEVARD CLEARWATER,FL 33760	59-1229354	501(C)(3)	190,062				CITIZENSHIP & INTEGRATION, PREF COMM #4, R&P
JEWISH FAMILY AND CAREER SERVICES4549 CHAMBLEE DUNWOODY ROAD ATLANTA,GA 30338	58-1479212	501(C)(3)	377,901				R&P, MATCHING GRANT, PREF COMM #3, HEALTHY MARRIAGE #1, #2

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)	89,837				R&P, HEALTHY MARR #2
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS15 LENOX STREET SPRINGFIELD,MA 01108	04-2104352	501(C)(3)	484,897				CITIZENSHIP & INTEGRATION, R&P, PREF COMM #1, HEALTHY MARR #2

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 AND CHILDREN'S SERVICES1430 MAIN STREET WALTHAM,MA 02451	04-2104356	501(C)(3)	24,592				R&P
JEWISH COMMUNITY SERVICES5750 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-0607909	501(C)(3)	7,700				R&P

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 SOCIAL SERVICE AGENCY 200 WOODHILL ROAD ROCKVILLE, MD 20850	53-0196598	501(C)(3)	7,800				R&P
JEWSIH FAMILY SERVICES OF WASHTENAW COUNTY2935 BIRCH HOLLOW DRIVE ANN ARBOR, MI 48108	41-2147486	501(C)(3)	113,035				R&P, PREF COMM #4, LOCAL CITIZENSHIP EDUCATION AND NATURALIZATION

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 & VOCATIONAL SERVICE OF MIDDLESEX COUNTY32 FORD AVE 2ND FLOOR MILLTOWN,NJ 08850	22-2281774	501(C)(3)	8,925				R&P
JEWISH FAMILY SERVICE OF BUFFALO AND ERIE COUNTY70 BARKER STREET BUFFALO,NY 14209	16-0760888	501(C)(3)	291,356				R&P, MATCHING GRANT, PREF COMM #1

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
FEGS HEALTH AND HUMAN SERVICES315 HUDSON STREET NEW YORK, NY 10013	13-1624000	501(C)(3)	277,973				R&P, MATCHING GRANT, HEALTHY MARR #2, PREF COMM #5
US TOGETHER INC2021 E DUBIN-GRANVILLE RD SUITE 190 190 COLUMBUS, OH 43229	83-0395108	501(C)(3)	920,493				CITIZENSHIP & INTEGRATION, R&P, MATCHING GRANT, PREF COMM #1, #2, HEALTHY MARR #2

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
HIAS & COUNCIL MIGRATION SERVICE OF PHILADELPHIA2100 ARCH STREET PHILADELPHIA, PA 19103	23-1405597	501(C)(3)	453,594				R&P, MATCHING GRANT, PREF, COMM #2
JEWISH FAMILY & CHILDREN'S SERVICES OF PITTSBURGH5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	356,540				MATCHING GRANT, PREF COMM #2, HEALTHY MARR #2

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 SEATTLE1601 16TH AVENUE SEATTLE, WA 98122	91-0565537	501(C)(3)	337,075				R&P, MATCHING GRANT, PREF COMM #3, HEALTHY MARR #2
CAROLINA REFUGEE RESETTLEMENT AGENCY5007 MONROE RD SUITE 101 CHARLOTTE, NC 28205	30-0577219	501(C)(3)	796,523				R&P, MATCHING GRANT, PREF COMM #1, LOCAL CITIZENSHIP EDUCATION AND NATURALIZATION, HEALTHY MARR #2

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 VOCATIONAL SERVICES OF METROWEST111 PROSPECT STREET EAST ORANGE,NJ 07017	22-1487229	501(C)(3)	114,817				R&P, PREF COMM #4
JEWISH FEDERATION OF GREATER PITTSBURGH234 MCKEE PLACE PITTSBURGH,PA 15213	25-1017602	501(C)(3)	322,331				R&P

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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

2011

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**	Yes	
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**	Yes	
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) GIDEON ARONOFF	(i)	262,559	0	0	39,787	26,507	328,853	0
	(ii)	0	0	0	0	0	0	0
(2) MARK HETFIELD	(i)	166,860	0	0	25,285	1,240	193,385	0
	(ii)	0	0	0	0	0	0	0
(3) MARK MILDNER	(i)	145,847	0	0	22,101	26,507	194,455	0
	(ii)	0	0	0	0	0	0	0
(4) ROBERTA ELLIOTT	(i)	112,583	0	0	17,060	24,921	154,564	0
	(ii)	0	0	0	0	0	0	0
(5) SUSAN MILAMED	(i)	165,416	0	0	25,066	2,430	192,912	0
	(ii)	0	0	0	0	0	0	0
(6) EMILY RUSS	(i)	125,833	0	0	19,068	11,781	156,682	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
SUPPLEMENTAL INFORMATION	PART III	PART 1, LINE 1A PAYMENTS WERE MADE TO LEONARD TERLITSKY, COUNTRY DIRECTOR OF THE MOSCOW AND KYIV OFFICES, FOR BUSINESS USE OF HIS PERSONAL RESIDENCE THE PAYMENTS WERE NON-TAXABLE

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE HIAS BY-LAWS WERE AMENDED EFFECTIVE JUNE 27, 2011 THE PRINCIPAL CHANGES AFFECTED 1 VOLUNTARY MEMBER WITHDRAWAL FROM THE BOARD OF DIRECTORS, AND 2 TERM LIMITS FOR BOARD OF DIRECTOR MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	THE HIAS PRESIDENT & CEO 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 VICE PRESIDENT OF FINANCE AND ADMINISTRATION
	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 SUCH FORM AS MAY BE UTILIZED BY HIAS FOR SUCH PURPOSE 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 HIAS PRESIDENT & CEO AND OTHER TOP MANAGEMENT OFFICIALS THIS COMMITTEE IS MADE UP OF VARIOUS BOARD MEMBERS THE COMMITTEE LOOKS AT THE SALARIES OF OTHER NON PROFIT ORGANIZATIONS SIMILAR TO HIAS AND DETERMINES AN APPROPRIATE SALARY FOR THE PRESIDENT AND CEO AND REVIEWS COMPENSATION FOR OTHER SENIOR MANAGEMENT POSITIONS THIS PROCESS WAS LAST DONE ON MARCH 19, 2012
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,411,325 LOSS ON SPLIT-INTEREST AGREEMENTS -141,229 ACTUARIAL PENSION ADJUSTMENT -2,980,909 LOSS ON VALUE OF TRUST INVESTMENT -150,000 TOTAL TO FORM 990, PART XI, LINE 5 -5,683,463
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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			
EVELYN SEELIG DIRECTOR	80	X						0	0	0
JEROME TELLER DIRECTOR	80	X						0	0	0
MATTHEW WAXMAN DIRECTOR	80	X						0	0	0
LIZZIE WESTIN DIRECTOR	80	X						0	0	0
YULI WEXLER DIRECTOR	80	X						0	0	0
ANITA ZUCKER DIRECTOR	80	X						0	0	0
GIDEON ARONOFF PRESIDENT AND CEO	40 00			X				262,559	0	66,294
MARK HETFIELD SENIOR VICE PRESIDENT	40 00			X				166,860	0	26,525
MARK MILDNER VP FINANCE & ADMINSTRATIVE	40 00			X				145,847	0	48,608
ROBERTA ELLIOTT VP MEDIA & COMMUNICATIONS	40 00			X				112,583	0	41,981
SUSAN MILAMED VP MEMBERSHIP & DEVELOPMEN	40 00			X				165,416	0	27,496
ELISSA MITTMAN AVP PROGRAMS	40 00					X		108,096	0	27,111
RONNIE LAZAR DIRECTOR OF HUMAN RESOURCE	40 00					X		114,874	0	29,345
FRANK ROTONDI DIRECTOR INFORMATION SERVI	40 00					X		105,412	0	41,701
LEONARD TERLITSKY DIRECTOR NEW INDEPENDENT S	40 00					X		109,798	0	35,845
EMILY RUSS DIRECTOR VIENNA OPERATIONS	40 00					X		125,833	0	30,849

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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			
MARC SILBERBERG CHAIR	80	X		X				0	0	0
EUGENIA BRIN VICE CHAIR	80	X		X				0	0	0
LEE GORDON VICE CHAIR	80	X		X				0	0	0
BARBARA ROSENTHAL 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
SUZETTE BROOKS MASTERS SECRETARY	80	X		X				0	0	0
SANFORD MOZES TREASURER	80	X		X				0	0	0
HON HAROLD BERGER DIRECTOR	80	X						0	0	0
ANN COHEN 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
IGOR KHAYET DIRECTOR	80	X						0	0	0
BENITA LANGSDORF DIRECTOR	80	X						0	0	0
RENE LERER DIRECTOR	80	X						0	0	0
DIANNE LOB DIRECTOR	80	X						0	0	0
JAMIE METZL DIRECTOR	80	X						0	0	0
NEIL MOSS DIRECTOR	80	X						0	0	0
BAHRAM NOUR-OMID DIRECTOR	80	X						0	0	0
JAMES PRUSKY DIRECTOR	80	X						0	0	0
NORMAN RESNICOW DIRECTOR	80	X						0	0	0
STEPHEN SAVITSKY DIRECTOR	80	X						0	0	0
ERIC SCHWARTZ DIRECTOR	80	X						0	0	0