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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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 $ 46,480,481

F Name and address of principal officer
MARK HETFIELD
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
SEE SCHEDULE O HIAS, THE GLOBAL JEWISH NONPROFIT THAT PROTECTS REFUGEES, STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY, AND FREEDOM OUR MISSION IS TO RESCUE PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE HIAS PROTECTS THE MOST VULNERABLE REFUGEES, HELPING THEM BUILD NEW LIVES AND REUNITING THEM WITH THEIR FAMILIES IN SAFETY AND FREEDOM, ADVOCATES FOR THE PROTECTION OF REFUGEES, AND ASSURES THAT DISPLACED PEOPLE ARE TREATED WITH THE DIGNITY THEY DESERVE GUIDED BY OUR JEWISH VALUES AND HISTORY, WE BRING MORE THAN 130 YEARS OF EXPERTISE TO OUR WORK WITH REFUGEES

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**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	76
6	Total number of volunteers (estimate if necessary)	**6**	90
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
Revenue	**8** Contributions and grants (Part VIII, line 1h)	22,866,188	24,441,354
	9 Program service revenue (Part VIII, line 2g)	778,983	1,065,880
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,377,765	2,342,750
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-78,938	-172,744
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,943,998	27,677,240
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,488,850	8,584,451
	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)	11,029,607	11,391,776
	16a Professional fundraising fees (Part IX, column (A), line 11e)	90,000	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,412,754		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,494,024	9,825,040
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,102,481	29,801,267
	19 Revenue less expenses Subtract line 18 from line 12	841,517	-2,124,027

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	61,768,095	66,636,833
	21 Total liabilities (Part X, line 26)	14,507,772	17,285,128
	22 Net assets or fund balances Subtract line 21 from line 20	47,260,323	49,351,705

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

****** | 2014-07-10
Signature of officer | Date

FARHAN IRSHAD CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ISRAEL TANNENBAUM				P01589203

Firm's name ▶ LOEB & TROPER LLP | Firm's EIN ▶ 13-1517563

Firm's address ▶ 655 THIRD AVENUE 12TH FLOOR
NEW YORK, NY 10017 | 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, THE GLOBAL JEWISH NONPROFIT THAT PROTECTS REFUGEES, STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY, AND FREEDOM OUR MISSION IS TO RESCUE PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE HIAS PROTECTS THE MOST VULNERABLE REFUGEES, HELPING THEM BUILD NEW LIVES AND REUNITING THEM WITH THEIR FAMILIES IN SAFETY AND FREEDOM, ADVOCATES FOR THE PROTECTION OF REFUGEES, AND ASSURES THAT DISPLACED PEOPLE ARE TREATED WITH THE DIGNITY THEY DESERVE GUIDED BY OUR JEWISH VALUES AND HISTORY, WE BRING MORE THAN 130 YEARS OF EXPERTISE TO OUR WORK WITH REFUGEES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 12,336,957 including grants of $ 85,000) (Revenue $ 1,065,880)

SEE SCHEDULE O1 HIAS INTERNATIONAL PROGRAM ASSISTS REFUGEES IN FOUR REGIONS OF THE WORLD AFRICA, LATIN AMERICA, EUROPE, AND THE MIDDLE EAST IN AFRICA AND LATIN AMERICA, HIAS PROVIDES AND FUNDS PROGRAMS TO REDUCE THE IMPACT OF DISPLACEMENT, VIOLENCE, TRAUMA, AND SUFFERING ON REFUGEES THESE PROGRAMS ARE SUPPORTED BY THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR, THE UN REFUGEE AGENCY) AND OTHER UNITED NATIONS ENTITIES, THE U S GOVERNMENT, AND PRIVATE DONORS IN LATIN AMERICA, HIAS OFFERS COUNSELING, LEGAL AND EMPLOYMENT ORIENTATION, AND HUMANITARIAN ASSISTANCE TO REFUGEES OF THE COLOMBIAN CIVIL WAR IN ECUADOR, VENEZUELA, AND PANAMA, AND RESETTLES COLOMBIAN REFUGEES IN ARGENTINA WITH THE ASSISTANCE OF LOCAL JEWISH COMMUNITIES IN 2012, THESE HIAS PROGRAMS ASSISTED 77,853 COLOMBIAN REFUGEES 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 REFUGEE AND CHILD PROTECTION SERVICES, PEACE AND CONFLICT RESOLUTION PROGRAMS, AND PROGRAMS AND INTERVENTIONS FOR AT-RISK GROUPS, SUCH AS SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE IN 2012, HIAS PROGRAMS IN CHAD AIDED APPROXIMATELY 143,000 REFUGEES IN SIX CAMPS IN NAIROBI, KENYA AND KAMPALA, UGANDA, HIAS PROVIDES RESETTLEMENT ASSISTANCE, CHILD PROTECTION, AND PSYCHOSOCIAL ASSISTANCE TO VULNERABLE REFUGEES FROM MORE THAN HALF A DOZEN NEIGHBORING COUNTRIES, TARGETED PROGRAMS AID SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE IN 2012, HIAS INITIATED INNOVATIVE COMMUNITY-BASED STRATEGIES FOR REFUGEE PROTECTION IN URBAN AREAS, ESTABLISHING FIVE NEW FIELD OFFICES IN THE MAIN REFUGEE HOSTING AREAS IN NAIROBI AND KAMPALA THROUGH FUNDING FROM THE U S DEPARTMENT OF STATE AND UNHCR IN VIENNA, HIAS WORKS IN PARTNERSHIP WITH THE U S DEPARTMENT OF STATE TO OPERATE THE RESETTLEMENT SUPPORT CENTER (RSC) TO ASSIST PERSECUTED RELIGIOUS MINORITIES FROM IRAN WHO ARE SEEKING TO RESETTLE IN AMERICA UNDER THE U S REFUGEE ADMISSIONS PROGRAM THE RSC PROVIDES IMMIGRATION ASSISTANCE NEEDED TO LEGALLY ENTER AND BE RESETTLED IN THE U S AS REFUGEES, AS WELL AS CULTURAL ORIENTATION TO PREPARE REFUGEES ACCEPTED TO THE U S REFUGEE ADMISSIONS PROGRAM FOR LIFE IN AMERICA IN 2012, HIAS ASSISTED 537 IRANIAN RELIGIOUS MINORITIES TO ARRIVE SAFELY IN THE UNITED STATES IN ISRAEL, HIAS PROVIDES TRAINING AND TECHNICAL EXPERTISE TO THE ISRAELI GOVERNMENT, UNHCR, AND ISRAELI NON-GOVERNMENTAL ORGANIZATIONS IN THEIR MUTUAL EFFORTS TO DEVELOP AN ISRAELI ASYLUM SYSTEM WE ALSO AWARD SCHOLARSHIPS TO NEW ISRAELI IMMIGRANTS (OLIM) IN 2012, HIAS TRAINED 41 NEW ASYLUM OFFICERS AND AWARDED $85,000 IN 79 SCHOLARSHIPS TO STUDENTS FROM COLLEGES AND UNIVERSITIES THROUGHOUT THE COUNTRY IN THE RUSSIAN FEDERATION, HIAS OFFICE IN KYIV, UKRAINE OFFERS LEGAL COUNSELING TO REFUGEES FROM 39 COUNTRIES WHO ARE SEEKING ASYLUM OR RESETTLEMENT, AND MONITORS CONDITIONS AFFECTING JEWS THROUGHOUT THE REPUBLICS OF THE FORMER SOVIET UNION AND EASTERN EUROPE IN 2012, HIAS PROVIDED LEGAL PROTECTION SERVICES TO NEARLY 1,200 ASYLUM SEEKERS, INCLUDING UNACCOMPANIED MINORS

4b (Code) (Expenses $ 11,741,837 including grants of $ 7,026,007) (Revenue $)

SEE SCHEDULE 02 IN THE U S , HIAS COORDINATES AND FUNDS REFUGEE RESETTLEMENT ACTIVITIES IN CONJUNCTION WITH OUR NATIONAL NETWORK OF 30 AFFILIATES THESE ACTIVITIES, WHICH ARE SUPPORTED BY THE U S GOVERNMENT, PRIVATE FOUNDATIONS, AND INDIVIDUAL DONORS, HELP CURRENT AND FORMER HIAS CLIENTS ESTABLISH NEW LIVES IN THE U S , INTEGRATE INTO AMERICAN SOCIETY, AND GAIN CITIZENSHIP IN 2012, HIAS RESETTLED 2,356 REFUGEES IN THE U S , A 15% INCREASE OVER THE PRIOR YEAR 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 PREFERRED COMMUNITIES PROGRAM PROVIDES ENHANCED CASE MANAGEMENT SERVICES TO REFUGEES AT HIGHEST RISK IN PARTICIPATING LOCATIONS FOR UP TO FIVE YEARS AFTER THEIR ARRIVAL IN THE U S THE CITIZENSHIP PROGRAM AIDS SELECTED HIAS AFFILIATES IN DEVELOPING CITIZENSHIP INTEGRATION PROGRAMS, INCLUDING NATURALIZATION (CITIZENSHIP) CLASSES AND APPLICATION ASSISTANCE THE LEGAL SERVICES PROGRAM 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 CAREER IN THE UNITED STATES IN ADDITION, HIAS PROVIDES TECHNICAL ASSISTANCE TO OUR NATIONAL NETWORK OF RESETTLEMENT AFFILIATES ON ISSUES RELATING TO DEVELOPMENT AND IMPLEMENTATION OF THE ABOVE PROGRAMS AND TO IMMIGRATION LAW

4c (Code) (Expenses $ 2,037,660 including grants of $ 1,473,444) (Revenue $)

SEE SCHEDULE 03 THE MATCHING GRANT PROGRAM PROVIDES BASIC NEEDS SUPPORT, CASE MANAGEMENT AND INTENSIVE EMPLOYMENT SERVICES TO CERTAIN REFUGEES RESETTLED BY THE HIAS RESETTLEMENT NETWORK FOR UP TO SIX MONTHS AFTER THEIR ARRIVAL IN THE UNITED STATES THE GOAL OF THIS PROGRAM IS TO ENABLE PARTICIPATING REFUGEES TO BECOME ECONOMICALLY SELF-SUFFICIENT THROUGH EMPLOYMENT BEFORE THE END OF THIS SIX MONTH PERIOD ONLY THOSE REFUGEES DEEMED EMPLOYABLE, AND LIKELY TO BECOME EMPLOYED IN THIS SHORT TIME FRAME, ARE SELECTED TO PARTICIPATE IN THIS PROGRAM IN PROGRAM YEAR 2012, 651 REFUGEES COMPLETED THE PROGRAM, AND 78% WERE SELF-SUFFICIENT SIX MONTHS AFTER THEIR ARRIVAL IN THE U S

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 26,116,454

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	17		No
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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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 11b 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	38		
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	76		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ KE , EC , AR , RS , UP , CD , IS , AU , VE , CA , FR , UG 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 as charitable contributions? . . .	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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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** 24			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 24			
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 this 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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ FARHAN IRSHAD 333 7TH AVENUE NEW YORK, NY (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,090,806	0	123,359

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 ▶ 7

			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 1-31020VIENNAAU	CONSULTING-MEDICAL SERVICES	276,795
ADS ADVERTISING AND MAILING SERVICES LT 105 ANN ST NEWBURGH NY 12550	CONSULTING-BULK MAILING SERVICES	187,246
ENRIQUE BURBINSKI RAUL SCALABRINI ORTIZ ST 2464 5ABUENOS AIRESAR	CONSULTING- LATIN AMERICAN OPERATIONS	141,638
BIG DUCK 20 JAY STREET SUITE 524 BROOKLYN NY 11201	CONSULTING - MARKETING SERVICES	136,000
TECNISECURITY CALLE LIZARDO RUIZ OE4-711 Y DIEGOQUITOEC	SECURITY	130,653

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 ▶ 5

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 313,122				
	b	Membership dues	1b				
	c	Fundraising events	1c 103,104				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 15,970,703				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,054,425				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		24,441,354			
Program Service Revenue			Business Code				
	2a	SERVICE FEE & MISC	900099	579,971	579,971		
	b	LOAN PROCESSING FEE	900099	485,909	485,909		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,065,880			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,561,874			1,561,874
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	51,157				
	b	Less rental expenses	147,266				
	c	Rental income or (loss)	-96,109				
	d	Net rental income or (loss) . . . . . ▶		-96,109			-96,109
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	19,270,395				
	b	Less cost or other basis and sales expenses	18,489,519				
	c	Gain or (loss)	780,876				
	d	Net gain or (loss) . . . . . ▶		780,876			780,876
	8a	Gross income from fundraising events (not including $ 103,104 of contributions reported on line 1c) See Part IV, line 18 . . a	89,821				
	b	Less direct expenses . . . b	166,456				
	c	Net income or (loss) from fundraising events . . ▶		-76,635			-76,635
	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 . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		27,677,240	1,065,880	0	2,170,006

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	8,332,451	8,332,451		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	167,000	167,000		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	85,000	85,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,187,761	967,878	131,927	87,956
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	7,794,762	6,351,762	865,780	577,220
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	290,518	236,736	32,268	21,514
9 Other employee benefits	1,524,298	1,242,113	169,307	112,878
10 Payroll taxes	594,437	484,393	66,025	44,019
11 Fees for services (non-employees)				
a Management	1,835,880	1,465,416	247,033	123,431
b Legal	59,385	28,693	12,193	18,499
c Accounting	233,262	210,719	22,543	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	333,873	28,717	305,156	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	4,586	2,864	1,252	470
13 Office expenses	1,581,315	1,308,764	111,322	161,229
14 Information technology	514,107	411,516	40,864	61,727
15 Royalties . .				
16 Occupancy	2,129,972	1,849,334	230,612	50,026
17 Travel	2,504,303	2,348,929	17,564	137,810
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	175,089	149,442	14,002	11,645
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a RESETTLEMENT DOCUMENTAT	318,720	318,720		
b SUBSCRIPTIONS AND MEMBE	134,548	126,007	4,211	4,330
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	29,801,267	26,116,454	2,272,059	1,412,754
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		2,478,978	2	1,814,900
	3	Pledges and grants receivable, net		4,725,643	3	7,662,745
	4	Accounts receivable, net		146,524	4	89,597
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		332,249	9	260,969
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,533,593			
	b	Less accumulated depreciation	10b 2,240,836	326,907	10c	292,757
	11	Investments—publicly traded securities		52,529,087	11	54,964,372
	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		1,228,707	15	1,551,493
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		61,768,095	16	66,636,833
Liabilities	17	Accounts payable and accrued expenses		4,553,995	17	6,502,200
	18	Grants payable		60,704	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		9,893,073	25	10,782,928
	26	**Total liabilities.** Add lines 17 through 25		14,507,772	26	17,285,128
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		38,325,389	27	40,409,711
	28	Temporarily restricted net assets		6,629,488	28	6,635,145
	29	Permanently restricted net assets		2,305,446	29	2,306,849
		Organizations that do not follow SFAS 117 (ASC 958), 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		47,260,323	33	49,351,705
	34	Total liabilities and net assets/fund balances		61,768,095	34	66,636,833

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	27,677,240
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,801,267
3	Revenue less expenses Subtract line 2 from line 1	3	-2,124,027
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,260,323
5	Net unrealized gains (losses) on investments	5	4,780,356
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-564,947
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,351,705

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC SILBERBERG CHAIR	80	X		X				0	0	0
DALE SCHWARTZ FIRST VICE 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 SECRETARY	80	X		X				0	0	0
SANDRA SPINNER VICE CHAIR	80	X		X				0	0	0
SANFORD MOZES TREASURER	80	X		X				0	0	0
ROBERT ARONSON DIRECTOR	80	X						0	0	0
HON HAROLD BERGER DIRECTOR	80	X						0	0	0
ANN COHEN DIRECTOR	80	X						0	0	0
ALINA FISKINA DIRECTOR	80	X						0	0	0
ALEXANDER GORDIN DIRECTOR	80	X						0	0	0
ALBERT HAYOUN DIRECTOR	80	X						0	0	0
BENITA LANGSDORF DIRECTOR	80	X						0	0	0
RENE LERER DIRECTOR	80	X						0	0	0
DIANNE LOB VICE CHAIR	80	X		X				0	0	0
JAMIE METZL DIRECTOR	80	X						0	0	0
NEIL MOSS DIRECTOR	80	X						0	0	0
SHARON NAZARIAN DIRECTOR	80	X						0	0	0
NORMAN RESNICOW DIRECTOR	80	X						0	0	0
ERIC SCHWARTZ DIRECTOR	80	X						0	0	0
EVELYN SEELIG DIRECTOR	80	X						0	0	0
MICHELLE WACHTEL DIRECTOR	80	X						0	0	0
YULI WEXLER DIRECTOR	80	X						0	0	0
GIDEON ARONOFF PRESIDENT AND CEO THRU 5/31/2012	35 00			X				301,438	0	25,859

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK HETFIELD PRESIDENT AND CEO 6/1/2012-12/31/2012	35 00			X				186,437	0	1,240
MARK MILDNER VP FINANCE & ADMINSTRATION	35 00					X		144,805	0	26,115
ROBERTA ELLIOTT VP MEDIA & COMMUNICATIONS	35 00					X		112,911	0	25,589
ELISSA MITTMAN INTERIM COO	35 00					X		123,095	0	9,899
RONNIE LAZAR DIRECTOR OF HUMAN RESOURCE	35 00					X		115,390	0	9,322
FRANK ROTONDI DIRECTOR INFORMATION SERVICES	35 00					X		106,730	0	25,335

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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

2012

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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 - Non-functionally integrated

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	17,606,988	20,484,336	20,998,660	22,866,188	24,441,354	106,397,526
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	17,606,988	20,484,336	20,998,660	22,866,188	24,441,354	106,397,526
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						106,397,526

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	17,606,988	20,484,336	20,998,660	22,866,188	24,441,354	106,397,526
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	515,223	882,166	2,048,873	2,042,048	1,742,755	7,231,065
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	758,343	300,766	404,452			1,463,561
11 **Total support** (Add lines 7 through 10)						115,092,152

12 Gross receipts from related activities, etc (see instructions)	12	2,723,750

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 2012 (line 6, column (f) divided by line 11, column (f))	14	92 450 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	88 820 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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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

2012

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, Part V, 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 in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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)	19,461	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	27,714	
c Total lobbying expenditures (add lines 1a and 1b)	47,175	
d Other exempt purpose expenditures	29,420,219	
e Total exempt purpose expenditures (add lines 1c and 1d)	29,467,394	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	62,253	58,024	80,033	47,175	247,485
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	30,342	32,074	21,292	19,461	103,169

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ 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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	54,591,594	55,916,345	51,187,732	43,880,884	63,532,404
b	Contributions	1,165,544	2,308,114	2,128,805	1,226,427	1,643,169
c	Net investment earnings, gains, and losses	6,948,567	675,181	6,814,732	10,315,875	-16,751,848
d	Grants or scholarships	-252,000	331,000	344,000	273,000	346,000
e	Other expenditures for facilities and programs	-3,063,085	3,621,531	3,478,383	3,572,283	3,786,139
f	Administrative expenses	-333,873	355,515	392,541	390,171	410,702
g	End of year balance	59,056,747	54,591,594	55,916,345	51,187,732	43,880,884

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 84 900 %
- b Permanent endowment ▶ 3 900 %
- c Temporarily restricted endowment ▶ 11 200 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		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 XIII 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		619,242	461,142	158,100
d Equipment		1,909,768	1,775,111	134,657
e Other		4,583	4,583	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				292,757

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) must 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) must 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) must 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) Book value
Federal income taxes	
SEVERANCE OBLIGATIONS	1,094,732
PENSION OBLIGATIONS (NON AMERICAN PLAN)	542,917
CLIENT DEPOSITS	4,631,706
PENSION OBLIGATIONS (AMERICAN PLAN)	4,513,573
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	10,782,928

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

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

1	Total revenue, gains, and other support per audited financial statements			1	32,545,668
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,780,356		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	166,456		
e	Add lines **2a** through **2d**			2e	4,946,812
3	Subtract line **2e** from line **1**			3	27,598,856
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	78,384		
c	Add lines **4a** and **4b**			4c	78,384
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	27,677,240

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

1	Total expenses and losses per audited financial statements			1	29,916,566
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	166,456		
e	Add lines **2a** through **2d**			2e	166,456
3	Subtract line **2e** from line **1**			3	29,750,110
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	51,157		
c	Add lines **4a** and **4b**			4c	51,157
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	29,801,267

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	HIAS HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2009 AND SUBSEQUENT YEARS REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES UNDER NORMAL STATUTE OF LIMITATION RULES
PART XI, LINE 2D - OTHER ADJUSTMENTS		DIRECT COST OF SPECIAL EVENTS 166,456
PART XI, LINE 4B - OTHER ADJUSTMENTS		LOSS ON SPLIT - INTEREST AGREEMENTS 174,493 RENTAL INCOME -96,109 LOSS IN VALUE OF BENEFICIAL INTEREST IN TRUST
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT COST OF SPECIAL EVENTS 166,456
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL INCOME 51,157

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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

2012

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data					
3a	Sub-total	10	389			11,027,993
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	10	389			11,027,993

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. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of 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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	79	85,000	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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ 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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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, AND AUTHORIZE TRANSACTIONS INTO THE ACCOUNTING SYSTEM THE ACCOUNTING SYSTEM AND SUPPLEMENTARY MANAGEMENT REPORTING SERVE AS REPORTING TOOLS FOR GAAP FINANCIAL REPORTING, 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

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	37	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	2,514,926
MIDDLE EAST AND NORTH AFRICA	1	5	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	255,416
MIDDLE EAST AND NORTH AFRICA			GRANTS TO RECIPIENTS	SCHOLARSHIPS	85,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
RUSSIA AND THE NEWLY INDEPENDENT STATES	1	16	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	368,759
SOUTH AMERICA	4	154	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	4,826,854
SUB-SAHARAN AFRICA	3	177	PROGRAM SERVICES	REFUGEE PROCESSING AND OVERSIGHT	2,977,038

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(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 CONSULTING SERVICE CO LLC 461 FIFTH AVE NEW YORK, IL 10017	STRATEGY		No	0	7,500	-7,500
Total . . . . . ▶					7,500	-7,500

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CONCERT (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	192,925			192,925
	2 Less Contributions	103,104			103,104
	3 Gross income (line 1 minus line 2)	89,821			89,821
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	75,005			75,005
	7 Food and beverages	13,151			13,151
	8 Entertainment	21,614			21,614
	9 Other direct expenses	56,686			56,686
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(166,456)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-76,635

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 _____

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

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 **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	HIAS CONTRACTED IN 2012 WITH A VENDOR TO PROVIDE PROFESSIONAL FUNDRAISING CONSULTING SERVICES THE CONSULTANT PROVIDES ADVICE ON SHORT AND LONG TERM FUND RAISING PLANS, ASSIST MANAGEMENT AND STAFF IN RESEARCH EFFORTS, DATA COLLECTION, AND PROGRAM DEVELOPMENT, AND ASSIST 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

2012

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. Part II can be duplicated 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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	40	167,000			

Part IV **Supplemental Information.**

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

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, AND AUTHORIZE TRANSACTIONS INTO THE ACCOUNTING SYSTEM THE ACCOUNTING SYSTEM AND SUPPLEMENTARY MANAGEMENT REPORTING SERVE AS REPORTING TOOLS FOR GAAP FINANCIAL REPORTING, 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)	125,940				RECEPTION & PLACEMENT, PREFERRED COMMUNITIES PROJECT FOR SPECIAL POPULATIONS - REFUGEES AND ASYLEES
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 1100 LOS ANGELES,CA 90048	95-1643388	501(C)(3)	178,305				RECEPTION & PLACEMENT, MATCHING GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWSIH FAMILY SERVICES OF SILICON VALLEY14855 OKA ROAD SUITE 202 LOS GATOS,CA 95032	94-2536452	501(C)(3)	231,188				RECEPTION & PLACEMENT, MATCHING GRANT
JEWISH FAMILY SERVICE OF SAN DIEGO8804 BALBOA AVENUE SAN DIEGO,CA 92123	95-1644024	501(C)(3)	935,509				RECEPTION & PLACEMENT, MATCHING GRANT, PREFERRED COMMUNITIES PROGRAM FOR SPECIAL POPULATIONS, 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)	10,292				RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF COLORADO3201 S TAMARAC DRIVE DENVER,CO 80231	84-0402701	501(C)(3)	15,436				RECEPTION & PLACEMENT

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)	227,097				CITIZENSHIP & INTEGRATION, PREFERRED COMMUNITIES PROGRAM TO INCREASE ARRIVALS, RECEPTION & PLACEMENT
JEWISH FAMILY AND CAREER SERVICES4549 CHAMBLEE DUNWOODY ROAD ATLANTA,GA 30338	58-1479212	501(C)(3)	373,954				RECEPTION & PLACEMENT, MATCHING GRANT, PREFERRED COMMUNITIES FOR SPECIAL POPULATIONS - INTENSIVE CASE MANAGEMENT AND SUPPORT

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)	22,200				RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS15 LENOX STREET SPRINGFIELD,MA 01108	04-2104352	501(C)(3)	521,953				CITIZENSHIP & INTEGRATION, CITIZENSHIP EDUCATION AND NATURALIZATION, RECEPTION & PLACEMENT, PREFERRED COMMUNITIES PROGRAM FOR SPECIAL POPULATIONS

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 SERVICES 1430 MAIN STREET WALTHAM,MA 02451	04-2104356	501(C)(3)	21,108				RECEPTION & PLACEMENT
JEWISH COMMUNITY SERVICES5750 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-0607909	501(C)(3)	10,550				RECEPTION & PLACEMENT

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 WASHTENAW COUNTY 2935 BIRCH HOLLOW DRIVE ANN ARBOR, MI 48108	41-2147486	501(C)(3)	258,675				RECEPTION & PLACEMENT, PREFERRED COMMUNITIES PROGRAM TO INCREASE ARRIVALS, LOCAL CITIZENSHIP EDUCATION AND NATURALIZATION
JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY32 FORD AVE 2ND FLOOR MILLTOWN, NJ 08850	22-2281774	501(C)(3)	37,281				RECEPTION & PLACEMENT

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 BUFFALO AND ERIE COUNTY70 BARKER STREET BUFFALO,NY 14209	16-0760888	501(C)(3)	451,759				RECEPTION & PLACEMENT, MATCHING GRANT, PREFERRED COMMUNITIES PROGRAM FOR SPECIAL POPULATIONS
FEGS HEALTH AND HUMAN SERVICES315 HUDSON STREET NEW YORK,NY 10013	13-1624000	501(C)(3)	316,445				RECEPTION & PLACEMENT, MATCHING GRANT, PREFERRED COMMUNITIES PROJECT FOR SPECIAL POPULATIONS - REFUGEES AND ASYLEES

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
US TOGETHER INC2021 E DUBIN-GRANVILLE RD SUITE 190 190 COLUMBUS,OH 43229	83-0395108	501(C)(3)	1,677,813				CITIZENSHIP & INTEGRATION, RECEPTION & PLACEMENT, MATCHING GRANT, PREFERRED COMMUNITIES PROGRAM FOR SPECIAL POPULATIONS, PREFERRED COMMUNITIES PROGRAM TO INCREASE ARRIVALS, PREFERRED COMMUNITIES PROGRAM FOR SPECIAL POPULATIONS - INTENSIVE CASE MANAGEMENT AND SUPPORT
HIAS & COUNCIL MIGRATION SERVICE OF PHILADELPHIA2100 ARCH STREET PHILADELPHIA,PA 19103	23-1405597	501(C)(3)	510,864				RECEPTION & PLACEMENT, MATCHING GRANT, PREFERRED COMMUNITIES PROGRAM FOR SPECIAL POPULATIONS, PREFERRED COMMUNITIES PROGRAM TO INCREASE ARRIVALS

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 PITTSBURGH5743 BARTLETT STREET PITTSBURGH,PA 15217	25-0965407	501(C)(3)	402,401				MATCHING GRANT, PREFERRED COMMUNITIES PROGRAM TO INCREASE ARRIVALS
JEWISH FAMILY SERVICE OF SEATTLE1601 16TH AVENUE SEATTLE,WA 98122	91-0565537	501(C)(3)	506,820				RECEPTION & PLACEMENT, MATCHING GRANT, PREFERRED COMMUNITIES FOR SPECIAL POPULATIONS - INTENSIVE CASE MANAGEMENT AND SUPPORT

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
CAROLINA REFUGEE RESETTLEMENT AGENCY 5007 MONROE RD SUITE 101 CHARLOTTE,NC 28205	30-0577219	501(C)(3)	818,371				RECEPTION & PLACEMENT, MATCHING GRANT, PREFERRED COMMUNITIES PROGRAM FOR SPECIAL POPULATIONS, LOCAL CITIZENSHIP EDUCATION AND NATURALIZATION
JEWISH VOCATIONAL SERVICES OF METROWEST 111 PROSPECT STREET EAST ORANGE,NJ 07017	22-1487229	501(C)(3)	181,858				RECEPTION & PLACEMENT, PREFERRED COMMUNITIES PROGRAM TO INCREASE ARRIVALS

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 FEDERATION OF GREATER PITTSBURGH234 MCKEE PLACE PITTSBURGH,PA 15213	25-1017602	501(C)(3)	462,650				RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF METROWEST475 FRANKLIN STREET SUITE 101 FRAMINGHAM,MA 01702	04-2730898	501(C)(3)	26,581				RECEPTION & PLACEMENT

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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

2012

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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**	Yes	
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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)GIDEON ARONOFF PRESIDENT AND CEO THRU 5/31/2012	(i)	143,938	0	157,500	0	25,859	327,297	0
	(ii)	0	0	0	0	0	0	0
(2)MARK HETFIELD PRESIDENT AND CEO 6/1/2012-12/31/201	(i)	186,437	0	0	0	1,240	187,677	0
	(ii)	0	0	0	0	0	0	0
(3)MARK MILDNER VP FINANCE & ADMINSTRATION	(i)	144,805	0	0	0	26,115	170,920	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4A	GIDEON AARONOFF RECEIVED 157,500 IN SEVERANCE PAYMENTS WHICH WAS INCLUDED IN HIS COMPENSATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HIAS INC

Employer identification number
13-5633307

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	10	75,152	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (_____)				
26	Other ▸ (_____)				
27	Other ▸ (_____)				
28	Other ▸ (_____)				

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

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

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

Identifier	Return Reference	Explanation

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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

2012

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 BYLAWS WERE AMENDED EFFECTIVE JULY 1, 2012 SIGNIFICANT CHANGES TO THE BYLAWS WERE 1 THE CLASS OF BOARD MEMBERS KNOWN AS "LIFE MEMBERS" WAS ELIMINATED LIFE MEMBERS REPRESENTED PRIOR CHAIRS/PRESIDENTS OF THE BOARD OF DIRECTORS WHO CONTINUED TO SERVE ON THE BOARD WITH FULL VOTING RIGHTS 2 THE BOARD POSITION OF "HONORARY DIRECTOR", THOSE WHO WERE RECOMMENDED BY SUBCOMMITTEE AND WHO RECEIVED A MAJORITY OF VOTES BY DIRECTORS, WAS ELIMINATED THE BOARD POSITION OF "ADVISOR TO THE BOARD" WAS ADDED ADVISORS ARE APPOINTED BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD OF DIRECTORS, AND ONLY HAVE AUTHORITY AND RESPONSIBILITY AS DETERMINED BY THE BOARD OF DIRECTORS OR COMMITTEE OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	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 CFO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	1 RATIONALE OFFICERS, DIRECTORS, COMMITTEE MEMBERS AND SENIOR STAFF MEMBERS OF HIAS (COLL ECTIVELY, "SENIOR OFFICIALS") HAVE A FIDUCIARY DUTY TO CONDUCT ALL BUSINESS OF HIAS IN A M ANNER CONSISTENT WITH THE BEST INTERESTS OF HIAS THIS DUTY REQUIRES THAT ALL DECISIONS AN D ACTIONS OF SENIOR OFFICIALS ON BEHALF OF HIAS MUST BE MADE OR TAKEN SOLELY WITH A VIEW T O, AND WITH AN INTENTION TO, PROMOTE THE BEST INTERESTS OF HIAS SENIOR OFFICIALS ARE LIKE LY TO BE, AND INDEED SHOULD BE, PERSONS WITH SUBSTANTIAL INVOLVEMENT IN BUSINESS AND COMMU NITY 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 HI AS THE BEST WAY TO PROTECT HIAS FROM THE TAINT OF ACTUAL OR APPARENT CONFLICTS OF INTERES T IS FOR HIAS TO REQUIRE SENIOR OFFICIALS TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST IN A DVANCE WITH THIS INFORMATION IN HAND AT THE OUTSET, HIAS CAN TAKE ACTION TO PREVENT THE C ONFLICT OF INTEREST FROM TAINTING THE DECISION-MAKING PROCESS OF HIAS SUCH ACTION WILL CO NSIST OF, AMONG OTHER MEASURES, EXCLUDING THE CONFLICTED SENIOR OFFICIAL FROM ANY VOTE REG ARDING 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 DEF INITIONS 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 BUS INESS 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 ORGANIZATI ON DOING OR SEEKING TO DO BUSINESS WITH, OR RECEIVING OR SEEKING TO RECEIVE ANYTHING OF VA LUE 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 AF FILIATED AGENCY OR BENEFICIARY AGENCY, OR (IV) IS AN OFFICER, DIRECTOR, INFLUENTIAL EMPLOY EE 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 M EMBER" 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 WRITT EN 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 DES CRIBED IN THE DISCLOSURE STATEMENT, NEITHER S/HE NOR, TO THE BEST OF HIS/HER KNOWLEDGE, AN Y 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 SUBM ITTING 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-PARTICI PATION A SENIOR OFFICIAL WHO HAS DISCLOSED OR BEEN FOUND TO HAVE A CONFLICT OF INTEREST WI TH RESPECT TO A PARTICULAR MATTER SHALL REFRAIN FROM ANY VOTE REGARDING THAT SPECIFIC MATT ER, ALTHOUGH DEPENDING ON CIRCUMSTANCES SUCH INDIVIDUAL MAY OR MAY NOT BE PERMITTED TO PAR TICIPATE IN THE DISCUSSION REGARDING THAT MATTER 5 REPORTING THE SENIOR ADVISOR OF HIAS SHALL BE RESPONSIBLE FOR COLLECTING AND REVIEWING THE INITIAL AND ANNUAL DISCLOSURE STATEM ENTS, AND AT LEAST ANNUALLY SHALL SUBMIT TO THE CHAIR OF THE BOARD AND THE PRESIDENT A WRI TTEN 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 S ENIOR 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 TRANSACTI ONS IN DECIDING WHETHER TO APPROVE ANY CONTRACT OR TRANSACTION BETWEEN HIAS AND A SENIOR O FFICIAL, 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 ECO NOMIC BENEFITS TO THE SENIOR OFFICIAL MUST NOT EXCEED A REASONABLE AMOUNT, (II) THE DECISI ON-MAKING BODY MUST OBTAIN AND USE COMPARABILITY D

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ATA 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE SENIOR ADVISOR 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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	LOSS ON SPLIT-INTEREST AGREEMENTS -174,493 ACTUARIAL PENSION ADJUSTMENT -537,720 RENTAL EXPENSE 147,266

Identifier	Return Reference	Explanation
	EXPLANATION OF AMENDED RETURN	TO CHANGE OR ADD INFORMATION REPORTED PREVIOUSLY ITEMS CHANGED PART 1-5, 7-12, SCHEDULES A-D, F-G, I-J, M, O

Identifier	Return Reference	Explanation
PENSION EXPENSE	SCHEDULE J, PART II, COLUMN (C)	MINIMUM CONTRIBUTIONS AS PER HIAS INC ACTUARY WERE ACCRUED TO FUND REQUIREMENTS OF THE PLAN, FROZEN FEBRUARY 2012 THESE CONTRIBUTIONS ARE REFLECTED AS PENSION EXPENSE IN THE FINANCIALS