Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

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

Do not enter Social Security numbers on this form as it may be made public.

, 2016, and ending

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

, 20

Inspection

В			C Nan	ne of organizatio	on										D	Emplo	yer id	entifi	ication nu	mber	
D (Check if a	applicable:	HI	AS, INC.											1						
	Addr		Doir	ng Business As											1	13-	5633	330	7		
	_	e change	Nun	nber and street	(or P _* O _*	box if mail	is not delive	ered to st	reet addr	ess)	F	Room/s	suite)	E	Teleph	hone n	umbe	er		
	Initia	ıl return	13	00 SPRING	G STE	REET						500)		1	301)	84	4 - 7	7300		
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J_				HIAS.ORG			i -					-			_		-	_	number		
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	3	Numbe	er of v	oting member	s of the	governir	ng body (P	art VI, lii	ne 1a)				2002	2 2 200	891 22	2012/02/02		3			22.
oජ ග	4	Numbe	er of ir	ndependent vo	oting me	embers o	f the gove	erning bo	ody (Par	t VI, line 1	1b) =		2000					4			22.
ctivities &	5	Total r	numbe	r of individuals	s emplo	oved in ca	alendar ve	ar 2016	(Part V.	line 2a)	/ - 0		•				• •	5			142.
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_	12			e - add lines 8												,565		_			,226
	13			similar amount												3,668	3,36	3.	12	2,286	6,606
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es	15			er compensat											17	,679	9,32	8.	20	,686	,120
Expenses	16a	Profes	sional	fundraising fe	es (Par	t IX, colun	nn (A), line	e 11e) .										0.			0
ďx	b			ising expenses																	
ш	17	Other	expens	ses (Part IX, c	olumn (A), lines	11a-11d, 1	1f-24e)							15	5,278	3,01	7.	18	3,008	8,806.
	18			es. Add lines											41	, 625	5,70	8.	5(981	532
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lan	20	Total a	ssets	(Part X, line 16	5)										69	,624	1,07	5.	6	7.219	,102
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For	Pape	rwork F	Reduct	tion Act Notic	e. see i	he separ	ate instru	ctions.											Fo	m 990	(2016)

HIAS, INC. 13-5633307 Form 990 (2016) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?..... 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. 24,535,112. including grants of \$ 130,422.) (Revenue \$ 4a (Code:) (Expenses \$ SEE SCHEDULE O. 4b (Code: $_{11,350,519}$ including grants of \$ $_{12,156,184}$) (Revenue \$ SEE SCHEDULE O. 3,248,954. including grants of \$ 0.) (Revenue \$ 4c (Code:) (Expenses \$ SEE SCHEDULE O. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ►

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39,134,585.

Form 990 (2016) Page **3**

Part	V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l.,	37	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	441	v	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TTE		
'	the organization's separate of 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	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	111	Λ	
12 a		12a		Х
h	Schedule D, Parts XI and XII	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

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Part I	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.5
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
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	22	Х	
04-	employees? If "Yes," complete Schedule J	23	Λ	
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	24a		Х
	through 24d and complete Schedule K. If "No," go to line 25a	-		Λ
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		24c		
d	to defease any tax-exempt bonds?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
D	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	$ \ \text{Did the organization liquidate, terminate, or dissolve and cease operations?} \ \textit{If "Yes," complete Schedule N,} \\$			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		3.7	
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		77
0.0	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	2.		v
0.7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		Х
20	Part VI	37		Λ
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
	13: Note: All 1 offit 990 filets are required to complete ochiedule o.		000	(0040)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			_ X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 142			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	X	
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C Is		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Closs income from members of shareholders.			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

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Sect	ion 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 <u>1a</u> 22			
	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 22			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
O	the year by the following:			
•	The governing body?	8a	Х	
a	Each committee with authority to act on behalf of the governing body?	8b	Х	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	2 .)	
			Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
_				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	150	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	+
b	Other officers or key employees of the organization	130	Λ	
	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	16a		Х
	with a taxable entity during the year?	Toa		Λ
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	16h		
Sooti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1	5 6 : 1) (5)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made those available. Check all that apply	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: >		

JSA 6E1042 1.000 Form **990** (2016) Form 990 (2016) HIAS, INC. 13-5633307 Page **7**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box,	not ch unless	s per	ition more rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Indivi or dir			Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DIANNE F. LOB	3.00									
CHAIR OF THE BOARD	0.	X		Х				0.	0.	0.
(2) FRANK RISCH	1.00			-						
CHAIR-ELECT	0.	Х		$_{\rm X}$				0.	0.	0.
(3)ANN F. COHEN	2.00									
SECRETARY/TREASURER	0.	Х		$_{\rm X}$				0.	0.	0.
(4)ROBERT ARONSON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)JEFFREY BLATTNER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)REBECCA CARSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)JUDITH FRIEDMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0
(8)JANE GINNS	1.00									
DIRECTOR	0.	Х						0.	0.	0
(9)KAREN GREEN	1.00									
DIRECTOR	0.	Х						0.	0.	0
(10)ALEXANDER M. GORDIN	1.00									
DIRECTOR - TO 6/30/2016	0.	Х						0.	0.	0
(11)LEE M. GORDON	1.00									
DIRECTOR	0.	Х						0.	0.	0
(12)ALBERT HAYOUN	1.00									
DIRECTOR	0.	Х						0.	0.	0
(13)ALLA KARAGODIN HOLMES	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14)BENITA FAIR LANGSDORF	1.00									
DIRECTOR	0.	Х						0.	0.	0 .

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	am	timated nount of other pensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related anization	b
15) REN		1.00											
	ECTOR	0.	X						0.	0.			0.
	L M. MOSS	1.00	-										
	ECTOR	0.	X						0.	0.			0.
	RON S. NAZARIAN ECTOR	1.00	Х						0.	0.			0.
	XIS ORTIZ	1.00											
	ECTOR - TO 6/30/2016	0.	X						0.	0.			0.
	IT PERRY	1.00	-							_			_
	ECTOR	0.	X						0.	0.			0.
	E M. SCHWARTZ	1.00											
	ECTOR - TO 6/30/2016	0.	X						0.	0.			0.
	C P. SCHWARTZ	1.00	-										0
	ECTOR	1.00	X						0.	0.			0.
	C_SILBERBERG 	0.	X						0.	0.			0.
	I WEXLER	1.00	_						0.	0.			
	ECTOR	0.	X						0.	0.			0.
	LIP E. WOLGIN	2.00	_						0.	0.			
	ECTOR	0.	X						0.	0.			0.
	DRA SPINNER	2.00							0.	Ŭ.			
	ECTOR	0.	X						0.	0.			0.
1b Sub-te	-4-1								0.	0.			0.
	otal from continuation sheets to Part VII, S			• •	• •	• •			1,994,199.	0.	3	50,2	
	(add lines 1b and 1c)								1,994,199.	0.		50,2	
2 Total	number of individuals (including but not able compensation from the organization	limited to t	hose	liste	ed a			o re	1	\$100,000 of			
		·										Yes	No
	he organization list any former offic byee on line 1a? If "Yes," complete Schedu										3		Х
•											3		
organ	ny individual listed on line 1a, is the sization and related organizations greaters.	eater than	\$15	50,0	00?	· It	"Yes	5,"	complete Schedu	le J for such	4	Х	
5 Did a	ny person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual	4	Λ	
	rvices rendered to the organization? If "Ye	es," comple	te Scl	hedu	ıle J	I for	such	per	son		5		X
Section E	3. Independent Contractors												

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 22

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Part VII Section A. Officers, Directors, Tr	1		.p.c			and I	9.	_		or itir raic		
(A)	(B)				C)			(D)	(E)	_	(F)	
Name and title	Average	(do r			ition	e than or	ne	Reportable	Reportable		stimated nount of	
	hours per week (list any	,				is both		compensation from	compensation from related		other	
	hours for				lirect	or/truste		the	organizations	com	pensati	on
	related	Indi or c	Inst	Officer	Key	HigI	Former	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	vidu	ituti	cer	em	nest	ner	(W-2/1099-MISC)		_	anizatio d related	
	line)	tor to	ona		Key employee	ee					anization	
	,	Individual trustee or director	Institutional trustee		ee	Highest compensated employee						
		e e	stee			nsa						
						ted						
26) MARK HETFIELD	35.00											
PRESIDENT AND CEO	0.			Х				316,455.	0.		27,1	175.
27) FARHAN IRSHAD	35.00											
CFO	0.			Х				276,486.	0.		45,4	114.
28) FRANCINE S. STEIN	35.00							,				
SENIOR ADVISOR	0.	-		Х				195,803.	0.		9.2	248.
29) SUSSAN KHOZOURI	35.00										- / -	
SENIOR VP	0.	-			X			198,282.	0.		21,5	512
30) RIVA SILVERMAN	35.00				21			190,202.	0.		21,5	<u>/</u>
VP EXTERNAL AFFAIRS	0.				Х			238,351.	0.		55,4	110
31) JENNIE C. ROSENN	35.00				Λ			230,331.	0.		55,5	110.
	+					37		170 550	0		г1 (- 10
VP OF COMMUNITY ENGAGEMENT	0.					Х		172,552.	0.		51,6	340.
32) WILLIAM SWERSEY	35.00							100 605			40	400
SENIOR DIRECTOR COMMUNICATION	0.					X		137,675.	0.		48,4	133.
33) STACIE MCCRAY	35.00								_			
SENIOR DIRECTOR GMC	0.					Х		168,319.	0.		22,7	762.
34) AARON GERSHOWITZ	35.00											
ASSOCIATE VP GLOBAL AFFAIRS	0.					Х		146,310.	0.		50,5	569.
35) TANYA WEITHERS	35.00											
SR DIR, HR & ADMINISTRATION	0.					Х		143,966.	0.		18,0)83.
	L											
1b Sub-total	1											
c Total from continuation sheets to Part VII, S							•					
d Total (add lines 1b and 1c)	_						•					
2 Total number of individuals (including but not							re	ceived more than	\$100.000 of			
reportable compensation from the organizatio		22				,			,			
											Yes	No
3 Did the organization list any former office	or directo	r or	tru	icto	0	kov o	mn	lovee or highes	t componented			
employee on line 1a? If "Yes," complete Sched										3		х
										3		
4 For any individual listed on line 1a, is the												
organization and related organizations gr										4	Х	
individual										4	Λ	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х

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

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

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

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Part VIII Statement of Revenue

		Check if Schedule O con	ntains a respor	se or note to an	y line in this Part V	III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
venue and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c 1d 1d ons) 1e rants, above 1f lines 1a-1f: \$	24,493,763. 17,361,702. 148,254. Business Code 900099	41,855,465. 895,803.	895,803.		
Program Service Revenue	b c d e	MIGRANT LOAN PROCESSING FE	ES	900099	666,208.	666,208.		
<u> </u>	3 4 5	and other similar amounts) Income from investment of ta Royalties	uding dividen	ds, interest,	759,753. 0.			759,753.
	6a b c d 7a	Coross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	36,630. (i) Securities 7,806,470.	(ii) Other	0.			
enne	c d 8a	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundrais events (not including \$	sing		1,076,997.			1,076,997.
Other Revenue	b c 9a	of contributions reported on lin See Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming a See Part IV, line 19	a b draising events. activities.	0.	0.			
	10a	Less: direct expenses Net income or (loss) from gar Gross sales of inventor returns and allowances	b ming activities. y, less a	0.	0.			
	11a b	Less: cost of goods sold Net income or (loss) from sale: Miscellaneous Revenue	s of inventory.	Business Code	0.			
	c d e 12	All other revenue			0. 45,254,226.	1,562,011.		1,836,750.

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Form 990 (2016) HIAS, INC. 13-5633307 Page **10**

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 resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,156,184.	12,156,184.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	130,422.	130,422.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	1,854,749.	326,212.	1,290,186.	238,351.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	13,949,332.	10,346,049.	2,846,565.	756,718.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	220,732.		220,732.	
9	Other employee benefits	2,999,710.	1,852,335.	816,536.	330,839.
10	Payroll taxes	1,661,597.	992,266.	661,202.	8,129.
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	88,037.	57,890.	12,212.	17,935.
c	Accounting	697,694.	251,065.	446,629.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	377,733.		377,733.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,520,856.	1,797,623.	648,108.	75,125.
12	Advertising and promotion	172,959.	3,986.	168,306.	667.
13	Office expenses	2,654,081.	619,753.	1,469,048.	565,280.
14	Information technology	1,480,683.	519,844.	808,681.	152,158.
15	Royalties	0.			
16	Occupancy	2,699,531.	1,481,582.	1,083,804.	134,145.
17	Travel	1,753,052.	1,277,586.	386,490.	88,976.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	382,663.	98,491.	218,180.	65,992.
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	RESETTLEMENT DOCUMENTATION	665,065.	665,065.		
b	SUBSCRIPTIONS AND MEMBERSHIP	246,318.	175,893.	60,959.	9,466.
	PROJECT SUPPORT	139,760.	126,770.	210.	12,780.
	INDIRECT COST		2,125,195.	-2,125,195.	
_	All other expenses	4,130,374.	4,130,374.		
	Total functional expenses. Add lines 1 through 24e	50,981,532.	39,134,585.	9,390,386.	2,456,561.
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)	0.			
JSA	10.10 ming 001 00 2 (A00 000-120)	0.			F 000 (0040)

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Part X **Balance Sheet**

1 Cash - non-interest-bearing			Check if Schedule O contains a response or note to any line in this Part X								
1 Cash - non-interest-bearing 0. 1 0 0 2 Savings and temporary cash investments 4,852,778. 2 2,778,383 3 Pledges and grants receivable, net 6,719,274. 3 8,827,677 4 Accounts receivable, not 434,017. 4 505,463 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0. 5 0 6 Loans and other receivables from the disqualified persons (as defined under section 4988(f)(f)), persons described in section 4988(f)(8), and contributing employees and sponeoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 0. 7 0 7 Notes and loans receivable, net 0. 7 0 8 Inventories for sale or use 0. 8 0. 8 0 9 Prepaid expenses and deferred charges 394,708. 9 557,353 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 2,064,551 10b Less: accumulated depreciation 10b 640,204 1,924,428. 10c 1,424,347 11 Investments - publicity traded securities 21,259,346, 11 20,470,885 12 Investments - program-related. See Part IV, line 11 33,915,581, 12 32,493,144 13 Investments - program-related. See Part IV, line 11 33,915,581, 12 32,493,144 14 Intangible assets 0. 14 0 0 0 0 0 0 0 16 Other assets. See Part IV, line 11 123,993, 15 16,181,910 17 Accounts payable and accrued expenses 4,531,367, 17 5,226,450 18 Grants payable 0. 18 0 0 0 0 0 0 0 0 0			Check if Schedule O contains a response of	ii iiot							
2 Savings and temporary cash investments						(A) Beginning of year					
2 Savings and temporary cash investments		1	Cash - non-interest-bearing			0.	1	0.			
3 Pledges and grants receivable, net		2	Savings and temporary cash investments	4,852,728.	2	2,778,383.					
A Accounts receivable, net S		3	Pledges and grants receivable, net			6,719,274.	3	8,827,677.			
Section Complete Part C		4	Accounts receivable, net	434,017.	4	505,463.					
Complete Part II of Schedule L 6 Loans and other receivables from other disqualitied persons (as defined under section 4958(0)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(6)(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 1 Less: accumulated depreciation. 1 Lob 640,204. 1 1,924,428. 1 10c 1,424,347. 1 Investments - publicly traded securities. 2 1,259,346. 1 1 20,470,885. 1 2 Investments - publicly traded securities. 2 1,259,346. 1 1 20,470,885. 1 2 Investments - program-related. See Part IV, line 11. 3 1,924,428. 1 10c 1,424,347. 3 Investments - program-related. See Part IV, line 11. 3 1,933,915,581. 4 2 32,493,144. 5 Other assets. See Part IV, line 11. 5 Other assets. See Part IV, line 11. 1 1,23,993. 1 5 161,850. 1 6 Total sasets. Add lines 1 through 15 (must equal line 34). 5 Other assets and dines 1 through 15 (must equal line 34). 5 Other lassets and dines 1 through 15 (must equal line 34). 5 Secured mortgages and notes payable to unrelated third parties. 5 Cother liabilities (including federal income tax, payables to related third parties. 6 Cother liabilities (including federal income tax, payables to related third parties. 7 Organizations that follow SFAS 117 (ASC 958), check here Manual and the payables to current funds. 7 Accomplete lines 2 through 28. 8 Temporarily restricted net assets. 9 Captal stock or trust principal, or current funds. 9 Permanently restricted net assets. 9 Captal stock or trust principal, or current funds. 9 Capital stock or trust principal, or current funds. 9 Permanently restricted net assets. 1 Capital stock or trust principal, or current funds. 9 Capital stock or trust principal, or current funds. 9 Capital stock or trust principal, or current fund		5	Loans and other receivables from current and								
## 4958(f)(1), persons described in section 4985(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L			trustees, key employees, and highest co	ompei	nsated employees.						
## 4958(f)(1), persons described in section 4985(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L			0.	5	0.			
and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary or parizations (see instructions). Complete Part II of Schedule L. 0. 7 0. 8 0. 8 0. 9 1		6									
organizations (see instructions). Complete Part II of Schedule L.											
7 Notes and loans receivable, net 0. 7 0 0 8 1						0.	6	0.			
10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 2,064,551. b Less: accumulated depreciation. 10b 640,204. 1,924,428. 10c 1,424,347. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 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 21 Escrow or custodial account liability and the payables to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Crganizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	ets	7				0.	7	0.			
10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 2,064,551. b Less: accumulated depreciation. 10b 640,204. 1,924,428. 10c 1,424,347. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 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 21 Escrow or custodial account liability and the payables to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Crganizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	1 SS	8	Inventories for sale or use			0.	8	0.			
b Less: accumulated depreciation. 10a 2,064,551. 10b 640,204. 1,924,428. 10c 1,424,347. 11 Investments - publicity traded securities.		9	Prepaid expenses and deferred charges			394,708.	9	557,353.			
b Less: accumulated depreciation. 10b 640,204. 1,924,428. 10c 1,424,347 11 Investments - publicly traded securities 21,259,346. 11 20,470,885. 12 Investments - other securities. See Part IV, line 11 33,915,581. 12 32,493,144. 13 Investments - program-related. See Part IV, line 11 0. 13 0. 14 0. 14 Intangible assets 0. 14 0. 15 Other assets. See Part IV, line 11 123,993. 15 161,850 16 Total assets. Add lines 1 through 15 (must equal line 34) 69,624,075. 16 67,219,102. 17 Accounts payable and accrued expenses 4,531,367. 17 5,226,450 18 Grants payable 0. 18 0. 19 Deferred revenue 0. 19 0. 20 Tax-exempt bond liabilities 0. 20 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 0. 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 0. 22 0. 23 Secured mortgages and notes payable to unrelated third parties 0. 23 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 23 0. 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 15,265,096, 25 16,082,531 26 Total liabilities. Add lines 17 through 25 19,796,463 26 21,308,981. 27 Unrestricted net assets 4,093,867, 28 4,213,790 29 Permanently restricted net assets 4,093,867, 28 4,213,790 20 Capital stock or trust principal, or current funds 30 2,288,815, 29 2,316,430 20 Taylain or capital surplus, or land, building, or equipment fund 31 32 32 33 34 34 34 34 34		10 a	Land, buildings, and equipment: cost or								
11 Investments - publicly traded securities 21,259,346. 11 20,470,885 12 10 10 10 10 10 10 10			other basis. Complete Part VI of Schedule D	10a	2,064,551.						
12 Investments - other securities. See Part IV, line 11 33,915,581. 12 32,493,144. 13 Investments - program-related. See Part IV, line 11 0. 13 0. 14 Intangible assets 0. 14 0. 15 Other assets. See Part IV, line 11 123,993 15 161,850 16 Total assets. Add lines 1 through 15 (must equal line 34) 69,624,075. 16 67,219,102. 17 Accounts payable and accrued expenses 4,531,367. 17 5,226,450. 18 Grants payable 0. 18 0. 19 Deferred revenue 0. 19 0. 20 Tax-exempt bond liabilities 0. 20 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 0. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 0. 22 0. 23 Secured mortgages and notes payable to unrelated third parties 0. 23 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 23 0. 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 15,265,096. 25 16,082,531. 26 Total liabilities. Add lines 17 through 25 19,796,463. 26 21,308,981. 27 Unrestricted net assets 43,444,930. 27 39,379,901. 28 Temporarily restricted net assets 4,093,867. 28 4,213,790. 29 Permanently restricted net assets 4,093,867. 28 4,213,790. 20 Capital stock or trust principal, or current funds 30 4,093,867. 28 4,213,790. 20 Capital stock or trust principal, or current funds 31 4,093,867. 32		b	Less: accumulated depreciation	10b	640,204.	1,924,428.	10c	1,424,347.			
13 Investments - program-related. See Part IV, line 11 0. 13 0. 14 Intangible assets 0. 14 0. 15 Other assets. See Part IV, line 11 123,993. 15 161,850 16 Total assets. Add lines 1 through 15 (must equal line 34) 69,624,075. 16 67,219,102. 17 Accounts payable and accrued expenses 4,531,367. 17 5,226,450. 18 Grants payable 0. 18 0. 19 Deferred revenue 0. 19 0. 20 Tax-exempt bond liabilities 0. 20 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 0. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 0. 22 0. 23 Secured mortgages and notes payable to unrelated third parties 0. 23 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 24 0. 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 15,265,096. 25 16,082,531. 26 Total liabilities. Add lines 17 through 25 19,796,463. 26 21,308,981. 27 Organizations that follow SFAS 117 (ASC 958), check here		11	Investments - publicly traded securities			21,259,346.	11	20,470,885.			
14 Intangible assets 0. 14 0.		12			33,915,581.	12	32,493,144.				
15 Other assets. See Part IV, line 11 123,993. 15 161,850 16 Total assets. Add lines 1 through 15 (must equal line 34) 69,624,075. 16 67,219,102. 17 Accounts payable and accrued expenses 4,531,367. 17 5,226,450. 18 Grants payable 0. 18 0. 0. 19 0. 0. 19 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		13	Investments - program-related. See Part IV, line 11			0.					
16		14	Intangible assets			_	0.				
17		15	Other assets. See Part IV, line 11				15	161,850.			
18 Grants payable 0. 18 0. 19 0. 19 0. 19 0. 10 18 0. 19		_									
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20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Organizations that follow SFAS 117 (ASC 958), check here Accomplete lines 27 through 29, and lines 33 and 34. 29 Permanently restricted net assets 20 Organizations that do not follow SFAS 117 (ASC 958), check here Accomplete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32			Grants payable			0.					
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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		_	Tax-exempt bond liabilities					0.			
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here of Department of Sendence						0.	21	0.			
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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	_										
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D						0.	24	0.			
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Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 19,796,463. 26 21,308,981 43,444,930. 27 39,379,901 40,093,867. 28 4,093,867. 29 2,316,430 30 31 Retained earnings, endowment, accumulated income, or other funds			·		'	15 265 096	25	16 082 531			
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Add 4, 244, 930. 43, 444, 930. 44, 213, 790. 44, 213, 790. 44, 213, 790. 44, 213, 790. 44, 213, 790. 44, 213, 790		26	Total liabilities Add lines 17 through 25								
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Temporarily restricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 27 39,379,901 4,093,867. 28 4,213,790 2,316,430 2,288,815. 29 2,316,430 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	Ses										
28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Temporarily restricted net assets 4,093,867. 28 4,213,790. 2,288,815. 29 2,316,430. 30 31 Significant principal and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	ano	27				43,444,930.	27	39,379,901.			
Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 2,288,815. 29 2,316,430 30 31 32	Bal	28	Temporarily restricted net assets				28	4,213,790.			
Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Section 1 Section 2 Section	pq	29	Permanently restricted net assets		<u></u>	2,288,815.	29	2,316,430.			
30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Salarian	or Fu										
Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 32	ţ	30	Capital stock or trust principal, or current funds				30				
32 Retained earnings, endowment, accumulated income, or other funds 32	SSe	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund						
	t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32				
	Ne	33	Total net assets or fund balances			49,827,612.	33	45,910,121.			
34 Total liabilities and net assets/fund balances 69,624,075. 34 67,219,102.		34	Total liabilities and net assets/fund balances			69,624,075.	34	67,219,102.			

Page **12** Form 990 (2016)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	15,2	54,2	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	Ę	50,981,532.		
3	Revenue less expenses. Subtract line 2 from line 1					
4						
5	Net unrealized gains (losses) on investments	5		1,632,483.		
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	77,3	32.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4	15,9	10,1	21.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
			Г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	of accounting from a prior year or checked "Other," explain in				
_	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			2b	Х	
b	Were the organization's financial statements audited by an independent accountant?			20	Δ.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	iea o	n a			
	Separate basis					
_		o ro	iaht			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc		٠ ١	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, e		- 1			
	Schedule O.	λριαιι				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın			
Ja	the Single Audit Act and OMB Circular A-133?	. 10111		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization

Department of the Treasury

Employer identification number

HIZ	AS,	INC.					13-56333	07
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	d in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	•			•	, , , , , ,	
7	Х	An organization that norma	-	•	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe						
9		An agricultural research org	=			-	•	-
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10 11		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio An organization organized a	ted to its exempt f nent income and u n after June 30, 19	unctions - subject to on nrelated business tax 1975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its
12	\vdash	An organization organized		•	•		. , , ,	earry out the nurnoses
12		of one or more publicly su	•	•				
		Check the box in lines 12a t						. , , ,
а		Type I. A supporting orga	· ·	* 1		0	•	
u		the supported organization	•	•	•		• , ,	
		supporting organization.	. , .	• • • • • • • • • • • • • • • • • • • •		ajoiny oi		
b		Type II. A supporting org	•	•		with its	supported organization	on(s), by having
		control or management of	•					
		organization(s). You must						0 11
С		Type III functionally integ			ited in c	onnectio	n with, and functional	ly integrated with,
		its supported organization						
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		$oxedsymbol{oxed}$ Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	* *		porting o	organizat	ion.	
f		ter the number of supported						
g		ovide the following information			ı			
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **2**

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								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,441,354.	26,899,251.	32,841,616.	35,669,422.	41,855,465.	161,707,108.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	24,441,354.	26,899,251.	32,841,616.	35,669,422.	41,855,465.	161,707,108.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.	
6	Public support. Subtract line 5 from line 4.						161,707,108.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	24,441,354.	26,899,251.	32,841,616.	35,669,422.	41,855,465.	161,707,108.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,742,755.	1,408,343.	1,574,163.	2,646,064.	796,383.	8,167,708.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						169,874,816.	
12	Gross receipts from related activities, etc. (s						7,445,557.	
13	First five years. If the Form 990 is f organization, check this box and stop here							
	tion C. Computation of Public Sup	•					05.10	
14	Public support percentage for 2016 (li		•			14	95.19%	
15	Public support percentage from 2015					15	93.81%	
16a	331/3% support test - 2016. If the c	-						
h	this box and stop here. The organizati							
D	331/3% support test - 2015. If the concept this box and stop here. The org							
172	10%-facts-and-circumstances test - 2	•						
ı ı a	10% or more, and if the organization							
	Part VI how the organization meets t					•	•	
	organization			_				
h	10%-facts-and-circumstances test - 2							
~	15 is 10% or more, and if the organic	-						
	Explain in Part VI how the organizati						-	
	supported organization				•			
18	Private foundation. If the organization							
	instructions							

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(Complete only if you checked the box on line 10 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								
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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							
	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							
r	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support			-	ı			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6							
10 a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly							
40	carried on							
12	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is f	or the organiza	tion's first seco	and, third, fourth	or fifth tax v	ear as a section	501(c)(3)	
	organization, check this box and stop here	•						
Sec	tion C. Computation of Public Sup							
<u> 15</u>	Public support percentage for 2016 (line 8			mn (f))		15	%	
16	Public support percentage from 2015 Sche					16	%	
	tion D. Computation of Investmen					10	/0	
<u> 17</u>	Investment income percentage for 2016 (li			13 column (f))		17	%	
	Investment income percentage for 2016 (iii					18		
18	331/3% support tests - 2016. If the or							
134		-					. \square	
L	17 is not more than 331/3%, check th	-	-	•				
D	331/3% support tests - 2015. If the orga							
20	line 18 is not more than 331/3%, check							

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ig Dy			
	1		
is ed	2		
er	3a		
id ie			
	3b		
3)	3с		
If			
	4a		
ın on	4b		
n	40		
ed 3)			
	4c		
s," 'N			
n; on			
h,	5a		
ly	5b		
	5с		
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or			
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or h			
	7		
?	8		
·e			
ed	9a		
h	Ju		
h	9b		
fit	9c		
'n	30		
n d			
t-0	10a		
to	10b		
	100	000 5	

HIAS, INC. 13-5633307 Schedule A (Form 990 or 990-EZ) 2016 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016

3a

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule A (Form 990 or 990-EZ) 2016 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			
Ocation A. Adinated Nat Income		(A) Delen Vern	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			•

Schedule A (Form 990 or 990-EZ) 2016

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

Page 7

ган		supporting organizat	ione (certariaea)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is rosp	oneivo	
0	(provide details in Part VI). See instructions.	the organization is resp	OHSIVE	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Eine o amount aivided by Eine o amount		(ii)	/:::\
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
<u>c</u>	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions)			
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2016 from			
-	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
<u>e</u>	Excess from 2016			
			Cohodulo	A (Form 990 or 990-F7) 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

If the organization answered "Yes," on 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," on 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 (elec	tion under section 501(h	n)): Complete Part II-B. Do no	t complete Part II-A.
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Prox	y Tax) (see separate	instructions) or Form 990-l	EZ, Part V, line 35c (Proxy
-	Section 501(c)(4), (5), or (6) organized				
	ne of organization	·		Employer ide	ntification number
HI	AS, INC.			13-5633	3307
Pa	rt I-A Complete if the c	organization is exempt unde	r section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	activities in Part IV. (see i	nstructions for definition
	of "political campaign activit	ies")			
2		xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instruction	ons)		
Pa		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organizati	on under section 49	55 ▶ \$	
2		cise tax incurred by organization i			
3		a section 4955 tax, did it file Forn			
					Yes No
	o If "Yes," describe in Part IV. rt I-C Complete if the compl	organization is exempt unde	r section 501(c) e	vcent section 501(c)(3	1
	<u> </u>	<u> </u>			·)·
1		expended by the filing organization			
2		ng organization's funds contribute es			
3	Total exempt function expe	enditures. Add lines 1 and 2. E	nter here and on F	orm 1120-POL,	
4 5	Did the filing organization file Enter the names, addresses organization made payment the amount of political conf	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, estributions received that were prond or a political action committee	ber (EIN) of all sect enter the amount pa mptly and directly d	ion 527 political organization from the filing organization elivered to a separate po	Yes No ations to which the filing ation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

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Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
Α	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).							
В	Check ▶ if the filing organization	n checked I	oox A and "limited	control" provisi	ons apply.			
	Limits on Lobl (The term "expenditures" m				(a) Filing organization's totals	(b) Affiliated group totals		
1a	a Total lobbying expenditures to influence	public opin	ion (grass roots lobb	vina)	2,051.			
	Total lobbying expenditures to influence		2,623.					
	Total lobbying expenditures (add lines 1	• • • • • • •	4,674.					
,	d Other exempt purpose expenditures	F	50,599,125.					
			50,603,799.					
	e Total exempt purpose expenditures (add lines 1c and 1d)f Lobbying nontaxable amount. Enter the amount from the following table in both			F				
	columns.				1,000,000.			
	If the amount on line 1e, column (a) or (b) is			s:				
	Not over \$500,000		amount on line 1e.					
	Over \$500,000 but not over \$1,000,000		us 15% of the excess					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 pl	us 5% of the excess o	ver \$1,500,000.				
	Over \$17,000,000	\$1,000,000						
	g Grassroots nontaxable amount (enter 2			-	250,000.			
ŀ	n Subtract line 1g from line 1a. If zero or l	ess, enter -0			0.	0.		
i	Subtract line 1f from line 1c. If zero or le				0.	0.		
j	If there is an amount other than zero	on either I	ine 1h or line 1i, d	lid the organiza	tion file Form 4720			
	reporting section 4911 tax for this year?	·				Yes No		
		4-Year Ave	raging Period Under	section 501(h)				
	(Some organizations that made	a section 50	1(h) election do not	t have to compl	ete all of the five colun	nns below.		
	See the separate instructions for lines 2a through 2f.)							
	Lob	bying Exper	nditures During 4-Ye	ear Averaging Pe	riod			
	Calendar year (or fiscal year (a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total		

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	25,688.	24,998.	40,003.	4,674.	95,363.				
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	16,300.	15,308.	19,743.	2,051.	53,402.				

Schedule C (Form 990 or 990-EZ) 2016

Page 3

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 5768	}		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
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:						
а	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 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 Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			ootion			
Га	t III-A Complete if the organization is exempt under section 501(c)(4), section 50′ 501(c)(6).	(0)(0)	, or s	ection			
						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 campaign activity expenditures from				3		
Pal	t III-B Complete if the organization is exempt under section 501(c)(4), section 507 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."				line	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).	unts	of				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	-	_	4			
5	and political expenditure next year?			5			
Pa							
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ed grou	up list	;); Part II	-A, lir	nes 1	and
_							

Schedule C (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Intern	al Revenue Service	Information about Schedu	le D (Form 990) and its instructions is at www	w.irs.gov/form990. Inspection
Name	of the organization			Employer identification number
HIA	S, INC.			13-5633307
Pa	rt I Organiza	tions Maintaining Donor Adv	rised Funds or Other Similar Funds	or Accounts.
	Complete	if the organization answered	I "Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at er	nd of year		
2	Aggregate value o	f contributions to (during year)		
3	Aggregate value o	f grants from (during year)		
4		t end of year		
5			r advisors in writing that the assets hel	d in donor advised
	funds are the orga	nization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization	on inform all grantees, donors,	and donor advisors in writing that grant	funds can be used
	only for charitable	purposes and not for the bene	efit of the donor or donor advisor, or for	any other purpose
	conferring imperm	issible private benefit?		Yes No
Pa		tion Easements.		
	Complete	if the organization answered	I "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of con-	servation easements held by the	e organization (check all that apply).	
	Preservation	n of land for public use (e.g., red	creation or education) Preservatio	n of a historically important land area
	Protection o	f natural habitat	Preservatio	n of a certified historic structure
	Preservation	n of open space		
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation contribution	in the form of a conservation
	easement on the l	ast day of the tax year.		Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	Total acreage rest	ricted by conservation easement	s	2b
С	Number of conser	vation easements on a certified	historic structure included in (a)	2c
d	Number of conser	vation easements included in (d	c) acquired after 8/17/06, and not on a	
	historic structure li	sted in the National Register		2d
3	Number of conser	vation easements modified, tra	nsferred, released, extinguished, or term	ninated by the organization during the
	tax year ▶			
4			ervation easement is located	
5	_		garding the periodic monitoring, inspe	-
			sements it holds?	
6	Staff and volunteer I	hours devoted to monitoring, inspec	cting, handling of violations, and enforcing c	onservation easements during the year
	>			
7	Amount of expens	es incurred in monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	> \$			
8			2(d) above satisfy the requirements of sec	
_	and section 170(h))(4)(B)(ii)?		Yes No
9			conservation easements in its revenue a	•
		d include, if applicable, the text of the control ounting for conservation easeme	of the footnote to the organization's finar	ncial statements that describes the
Pa			ទានេ. s of Art, Historical Treasures, or Oth	or Similar Assots
га			l "Yes" on Form 990, Part IV, line 8.	iei Siiiliai Assets.
4.	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
1a	If the organization works of art, hist	n elected, as permitted under S orical treasures, or other simil	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ec ootnote to its financial statements that de	s revenue statement and balance sheducation, or research in furtherance of
b			SFAS 116 (ASC 958), to report in its	
Ŋ	works of art, histopublic service, pro-	orical treasures, or other simil vide the following amounts relat	ar assets held for public exhibition, eding to these items:	ducation, or research in furtherance of
	(i) Revenue includ	ded in Form 990, Part VIII, line 1		> \$
	(ii) Assets include	d in Form 990, Part X		> \$
2	If the organization	n received or held works of a	rt, historical treasures, or other similar	r assets for financial gain, provide th
			SFAS 116 (ASC 958) relating to these iter	
а	Revenue included	in Form 990, Part VIII, line 1		> \$
b	Assets included in	Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page **2**

Par	t III Organizations Maintainir	ng Collections of	Art, Historical	Treasures,	or Oth	er Similar Asse	ts (co	ntinue	ed)
3	Using the organization's acquisition	n, accession, and c	other records, chec	k any of th	e followi	ng that are a sigr	nificant	use c	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan	or exchange	e program	าร			
b	Scholarly research		e Othe						
С	Preservation for future gene	rations							
4									
	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 rath						Yes		No
Par	t IV Escrow and Custodial Ar	rangements.				_			
	Complete if the organizat 990, Part X, line 21.	ion answered "Yes	s" on Form 990, F	Part IV, line	9, or rep	oorted an amoun	t on Fo	rm	
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for	contributions	or other	assets not			
	included on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in								_
		•	•			Amount			
С	Beginning balance			1c					
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am				ustodial a	account liability?	Yes		No
	If "Yes," explain the arrangement in								1
	Part V Endowment Funds.								
	Complete if the organizat	ion answered "Yes	" on Form 990, F	art IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Fou	r years	back
1 a	Beginning of year balance	43,781,390.	62,944,322.	66,644	,626.	59,056,747.	54,	591,	594.
b	Contributions	2,205,457.	2,674,367.	3,108	,691.	2,712,683.	1,	165,	544.
С	Net investment earnings, gains, and losses						6,	6,948,567.	
٨	Grants or scholarships	443,585.	203,618.		7,500.	219,317.			000.
	Other expenditures for facilities								
е	and programs	5,541,863.	18,324,255.	8,391	,571.	2,937,087.	3,	063,	085.
	Administrative expenses	286,088.	2,353,872.		,108.	338,876.	,		873.
f		41,902,997.	43,781,390.	62,944		66,644,626.	59,		747.
g	End of year balance						,		
	Board designated or quasi-endown	nent ▶ 94.4700		, coluitiii (a)) Helu as.				
b	Permanent endowment ► 5.5	300 %							
С	Temporarily restricted endowment	> %							
	The percentages on lines 2a, 2b, and 2c should equal 100%.								
3a	Are there endowment funds not in	the possession of th	e organization that	are held ar	nd admini	stered for the			
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sc	hedule R?.			3b		
4	Describe in Part XIII the intended u	ises of the organiza	tion's endowment fu	ınds.					
Par	Land, Buildings, and Equi Complete if the organiza	pment.		5 - (N / P	44 . 0			. 40	
	Description of property	(a) Cost or	s" on Form 990,				Tt X, IIIn d) Book va		
	Description of property	(a) Cost or (invest		or other basis other)		umulated (deciation	J) BOOK V	aiue	
1 a	Land								
b	Buildings								
С	Leasehold improvements		1,	267,179.	12	24,105.	1,1	43,0	74.
d	Equipment			797,372.	51	16,099.		81,2	
е	Other								
Tota	I. Add lines 1a through 1e. (Column		n 990, Part X, colun	nn (B), line 1	0c.)		1,4	24,3	347.

13-5633307

HIAS, INC.

Schedule D (Form 990) 2016			Page 4
Part VII Investments - Other Securities.	LII) / II	D . N. II	D 1 1 1 10
Complete if the organization answer			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
		- Cook of one of year man	
(1) Financial derivatives(2) Closely-held equity interests	• •		
(3) Other	• •		
(A) COLLECTIVE TRUST	7,712,977.	FMV	
(B) ALTERNATIVE INVESTMENTS	24,780,167.	FMV	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	32,493,144.		
Part VIII Investments - Program Related.		Deat IV 15 - 44 - 0 - 5 - 5 - 5 - 600	Dant V. Brand AO
Complete if the organization answer			
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(4)		Cost of one of your man	not valuo
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	•		
Part IX Other Assets.			
Complete if the organization answer		Part IV, line 11d. See Form 990	
) Description		(b) Book value
_(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities.			
Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11e or 11f. See For	rm 990, Part X,
line 25.			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		2.4	
(2) CLIENT DEPOSITS	7,217,00		
(3) PENSION OBLIGATIONS	5,910,12		
(4) ANNUITY OBLIGATIONS	1,260,51		
(5) DEFERRED RENT (6) SEVERANCE OBLIGATIONS	1,024,60		
(7) GRANTS PAYABLE	435,68		
(8)	455,00		
<u> </u>			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16,082,531.

Χ

PAGE 34

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

Schedule D (Form 990) 2016 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	46,705,070.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,828,577.
3	Subtract line 2e from line 1	3	44,876,493.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 377,733.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	377,733.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	45,254,226.
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	50,622,561.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
	Citier (Describe iii i dit Aiii.)	2e	18,762.
	Add lines 2a through 2d	3	50,603,799.
3	Subtract line 2e from line 1		20,000,1221
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a 377,733.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	377,733.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	50,981,532.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b, Alac approach to the part IV, lines 1b and 2b; Part III, lines 2d and 4b, Alac approach to the part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation	•
SEE	PAGE 5		

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 HIAS, INC. 13-5633307 Page **5**

Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

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

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

HIAS FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO CONSOLIDATED FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE AN IMPACT ON THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE TAX YEARS ENDED 2013, 2014, 2015 AND 2016 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

Schedule D (Form 990) 2016 HIAS , INC . 13-5633307 Page **5**

Part XIII Supplemental Information (continued)

OTHER AMOUNTS INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990

SCHEDULE D, PART XI, LINE 2D

ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENT: (\$86,959)

CHANGE IN MINIMUM PENSION LIABILITY: \$264,291

TOTAL: \$177,332

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

20**16**Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

form990. Open to Public Inspection

Employer identification number

HIA	S, INC.				13-56333	07
Par	General Information o Form 990, Part IV, line 14		outside the U	nited States. Complete i	if the organization answer	red "Yes" on
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	s or assistance		a used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United State Activities per Region. (The follow	ates.			-	and other
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	2.	48.	PROGRAM SERVICES	REFUGEE PROCESSING	3,896,159.
(2)	MIDDLE EAST AND NORTH AFRICA	1.	14.	PROGRAM SERVICES	REFUGEE PROCESSING	606,837.
(3)	RUSSIA/INDEPENDENT STATES	1.	17.	PROGRAM SERVICES	REFUGEE PROCESSING	1,979,648.
(4)	SOUTH AMERICA	3.	140.	PROGRAM SERVICES	REFUGEE PROCESSING	7,266,080.
(5)	SUB-SAHARAN AFRICA	3.	251.	PROGRAM SERVICES	REFUGEE PROCESSING	5,001,778.
(6)	CENTRAL AMERICA/CARIBBEAN	1.	18.	PROGRAM SERVICES	REFUGEE PROCESSING	850,264.
(7)	MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		114,362.
(8)	SUB-SAHARAN AFRICA			GRANTMAKING		13,297.
(9)	RUSSIA/INDEPENDENT STATES			GRANTMAKING		2,763.
(10)	EUROPE			INVESTMENTS		5,269,000.
(11)	EAST ASIA AND THE PACIFIC			INVESTMENTS		4,945,000.
(12)	MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		210,000.
(13)	SOUTH AMERICA			INVESTMENTS		183,000.
(14)	NORTH AMERICA			INVESTMENTS		25,000.
(15)						
(16)						
(17) 3a	Sub-total	11.	488.			30,363,188.
b		11.	100.			50,303,100.

c Totals (add lines 3a and 3b) 111. 488. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

30,363,188. Schedule F (Form 990) 2016 Page 2

HIAS, INC.

Schedule F (Form 990) 2016

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

-	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	2 Ent
(a) Name of organization																	Enter total number of recipient organizations listed above that
(b) IRS code section and EIN (if applicable)																	anizations listed abov
(c) Region																	ve that are recognized as charities by the foreign country, recognized as tax-exempt
(d) Purpose of grant																	charities by the f
(e) Amount of cash grant																	oreign country, rec
(f) Manner of cash disbursement																	cognized as tax
(g) Amount of noncash assistance																	-exempt
(h) Description of noncash assistance																	
(i) Method of valuation (book, FMV, appraisal, other)																	

က

Enter total number of other organizations or entities.

Schedule F (Form 990) 2016

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HIAS, INC.

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
				nienie de la companie	assistation	assistance	appraisal, other)
(1) сеногавентре	RIISSTA/NEWI.V TND STATES	4	2,763	X Z Z Z Z Z Z			
(2)				1100110			
(Z) SCHOLARSHIPS	SUB-SAHAKAN AFKICA		13,297.	CHECK			
(3) SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	23.	114,362.	CHECK			
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2016

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Page 4 Schedule F (Form 990) 2016

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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X 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	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Page **5**

Part V Supplemental Information

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).

SCHEDULE F, PART I, LINE 2

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

PROCEDURE FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES

ACCOUNTING METHOD USED

SCHEDULE F, PART I, LINE 3, COLUMN F

THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.

SCHEDULEI (Form 990)

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

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

OMB No. 1545-0047	2016	Open to Public

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

Employer identification number 13-5633307 8

General Information on Grants and Assistance INC. HIAS, Part I

Department of the Treasury Internal Revenue Service Name of the organization

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7

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY SERVICES							REFUGEE RECEPTION &
2245 S STATE ST STE 200 ANN ARBOR, MI 48104	41-2147486	501(C)(3)	419,419.				PLACEMENT, PREF COMM
(2) JEWISH FAMILY SERVICES							REFUGEE RECEPTION &
5750 PARK HEIGHTS AVE BALTIMORE, MD 21215	52-0607909	501(C)(3)	6,275.				PLACEMENT
(3) JEWISH FAMLY & CHIDRN SVCS OF THE EAST BAY							REFUGEE RECEPTION &
1855 OLYM BLVD-WALNUT CRK EAST BAY,CA 94596	94-3250304	501(C)(3)	268,812.				PLACEMENT, PREF COMM
(4) JEWISH FAMILY SERVICE OF BUFFALO & ERIE COU							REFUGEE RECEP & PLAC
70 BARKER STREET BUFFALO, NY 14209	16-0760888	501(C)(3)	772,909.				PLACEMENT, PREF COMM
(5) CAROLINA REFUGEE RESETTLEMENT AGENCY							REFUGEE RECEP & PLAC
5007 MONROE RD, STE 101 CHARLOTTE, NC 28205	30-0577219	501(C)(3)	963,796.				PLACEMENT, PREF COMM
(6) JEWISH CHILD & FAMILY SERVICE							REFUGEE RECEPTION &
216 W JACKSON BLVD #400 CHICAGO, IL 60606	36-2167757	501(C)(3)	40,500.				PLACEMENT
(7) JEWISH FAMILY SERVICE OF WESTERN MASSACHUSE							REFUGEE RECEPTION &
15 LENOX STREET SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	502,516.				PLACEMENT, PREF COMM
(8) JEWISH VOCATIONAL SERVICES OF METROWEST							REFUGEE RECEPTION &
111 PROSPECT STREET EAST ORANGE, NJ 07017	22-1487229	501(C)(3)	18,025.				PLACEMENT
(9) JEWISH FAMILY SERVICE OF SEATTLE							REFUGEE RECEP & PLAC
1209 CENTRAL AVE S #134 SEATTLE, WA 98032	91-0565537	501(C)(3)	803,354.				PLACEMENT, PREF COMM
(10) JEWISH FAMILY SERVICE OF METROWEST							REFUGEE RECEPTION &
475 FRANKLIN ST #101 FRAMINGHAM, MA 01702	04-2730898	501(C)(3)	20,350.				PLACEMENT
(11) GULF COAST JEWISH FAMILY & COMMUNITY SERVIC							REFUGEE RECEPTION &
14041 ICOT BOULEVARD CLEARWATER, FL 33760	59-1229354	501(C)(3)	604,002.				PLACEMENT, PREF COMM
(12) HIAS & COUNCIL MIGRATION SERVICE OF PHILADE							REFUGEE RECEP & PLAC
2100 ARCH STREET PHILADELPHIA, PA 19103	23-1405597	501(C)(3)	690,145.				PLACEMENT, PREF COMM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	organizations lis	ted in the line 1 tab	le		A	
3 Enter total number of other organizations listed in the line I table		l table				•	

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

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Schedule I (Form 990) (2016)

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

(Form 990)	Governments, and Individuals in the United States	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	91
Tooland too	► Attach to Form 990.	Open to
Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	padsul
Name of the organization	Employer	Employer identification numbe
HIAS, INC.	13-5	13-5633307
Part General In	General Information on Grants and Assistance	
1 Door the organiza	Door the ergenties meintain records to enhantiate the areasts or acceptance at acceptance to areast for the areast or accidence	pac coact

_ _	
÷	the selection criteria used to award the grants or assistance?
2 D	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
art	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF GREATER LOS ANGELES							REFUGEE RECEP & PLAC
4311 WILSHIRE #200 LOS ANGELES, CA 90010	95-1643388	501(C)(3)	2,118,928.				PLACEMENT
(2) JEWISH FAMILY SERVICES OF SILICON VALLEY							REFUGEE RECEP & PLAC
14855 OKA ROAD, STE 202 LOS GATOS, CA 95032	94-2536452	501(C)(3)	278,375.				PLACEMENT
(3) UNITED JEWISH FEDERATION							REFUGEE RECEPTION &
234 MCKEE PLACE PITTSBURGH, PA 15213	25-1408703	501(C)(3)	368,169.				PLACEMENT
(4) JEWISH FAMILY & CHILDREN'S SERVICE							REFUGEE RECEP & PLAC
5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	238,730.				PREF COMMUNITIES
(5) JEWISH FAMILY SERVICE OF SAN DIEGO							REFUGEE RECEP & PLAC
8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	1,131,629.				PLACEMENT, PREF COMM
(6) US TOGETHER, INC.							REFUGEE RECEP & PLAC
2021 DUBLIN-GRANVILLE RD COLUMBUS, OH 43229	83-0395108	501(C)(3)	2,490,248.				PLACEMENT, PREF COMM
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	rganizations lis	ted in the line 1 tab	le		•	18.
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table				•	

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

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Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

HIAS, INC

13-5633307

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance							
(f) Description							
(e) Method of valuation (book, FMV, appraisal, other)							
(d) Amount of non-cash assistance							4
(c) Amount of cash grant							
(b) Number of recipients							
(a) Type of grant or assistance							
	_	2	က	4	2	9	

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Part IV

PROCEDURE FOR MONITORING GRANT FUNDS IN THE UNITED STATES

0 SCHEDULE I, PART I, LINE HIAS CONDUCTS WORLDWIDE OPERATIONS USING A SYSTEM OF INTERNAL CONTROLS TO

REVIEW, AUTHORIZE, AND ACCURATELY AND TIMELY RECORD INITIATE, PROCESS,

TRANSACTIONS INTO THE ACCOUNTING SYSTEM. THE ACCOUNTING SYSTEM AND

SUPPLEMENTARY MANAGEMENT REPORTING SERVE AS REPORTING TOOLS FOR GAAP

FINANCIAL REPORTING, BUDGET-TO-ACTUAL VARIANCE MANAGEMENT REPORTING, AND

GRANT-SPECIFIC REPORTING. MANAGEMENT'S OVERSIGHT ENSURES THAT

PROGRAMMATICGRANTS AND ALLOCATIONS, AND DONOR CONTRIBUTIONS, FUND

REASONABLE EXPENSES APPLICABLE TO THE SOURCE'S INTENTION.

Schedule I (Form 990) (2016)

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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HIAS, INC. 13-5633307 **Questions Regarding Compensation** Part I

1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	000 Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding those items		
	990, Fait VII, Section A, line Ta. Complete Fait in 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 (such as, maid, chauffeur, chef)		
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		
b	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		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		
	1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study		
	— ····································		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	The second confidence of the second confidence		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		
	compensation contingent on the revenues of:		
а	The organization?	5a	X
b	Any related organization?	5b	X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		
	compensation contingent on the net earnings of:		
а	The organization?	6a	X
b	Any related organization?	6b	X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		37
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0	
J	Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2016

Page 2 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2016 Part II

For each individual whose compensation must be reported on 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 aren't 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.

		(B) Breakdown of W-2 and/		or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARK HETFIELD	ε	313,552.	0	2,903.	26,250.	925.	343,630.	0.
PRESIDENT AND CEO	€	0	0	0.	0	0	.0	0
FARHAN IRSHAD	Ξ	199,613.	0	76,873.	9,807.	35,607.	321,900.	0
2CFO	€	.0	.0	0	0	.0	.0	0
FRANCINE S. STEIN	Ξ	170,172.	0	25,631.	8,185.	1,063.	205,051.	0
3SENIOR ADVISOR	€	.0	.0	0	0	0	.0	0
SUSSAN KHOZOURI	Ξ	198,282.	.0	0	9,445.	12,067.	219,794.	0
4SENIOR VP	(ii)	0.	0.	0.	0	0.	0.	0
RIVA SILVERMAN	Ξ	238,351.	.0	0.	20,805.	34,613.	293,769.	0.
5VP EXTERNAL AFFAIRS	€	.0	.0	0.	0	0	0.	0
JENNIE C. ROSENN	Ξ	172,552.	0.	0.	8,843.	42,797.	224,192.	0.
6VP OF COMMUNITY ENGAGEMENT	€	.0	.0	0.	0	0	.0	0
WILLIAM SWERSEY	Ξ	137,675.	.0	0	7,140.	41,293.	186,108.	0
7SENIOR DIRECTOR COMMUNICATION	€	.0	.0	0.	0	0	0.	0
STACIE MCCRAY	Ξ	152,657.	.0	15,662.	7,400.	15,362.	191,081.	0.
8SENIOR DIRECTOR GMC	(ii)	.0	0	0.	0	0.	0.	.0
AARON GERSHOWITZ	Ξ	127,930.	0.	18,380.	14,277.	36,292.	196,879.	0.
g ASSOCIATE VP GLOBAL AFFAIRS	Œ)	.0	0.	0.	0.	.0	.0	0.
TANYA WEITHERS	Θ	143,966.	0	0.	2,380.	15,703.	162,049.	.0
10SR DIR, HR & ADMINISTRATION	(ii)	0.	0	0.	0	0	0.	0
	Ξ							
11	(ii)							
	Θ							
12	€							
	Ξ							
13	Œ							
	Ξ							
14	€							
	Ξ							
15	Œ							
	Ξ							
16	€							
							Sche	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

Part III Supplemental Information

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.

Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Par	t 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	Method of noncash conf			
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							
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		1	140.054				
25	Other ►(ATCH 1)		1.	148,254.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		•		20			
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg	jement	29		Yes	No
200	During the year did the organizat	ion roccius	hy contribution any propo	rty reported in Dort I line	o 1 through		162	NO
Jua	During the year, did the organizat 28, that it must hold for at least the				_			
	to be used for exempt purposes for	-			-	30a		Х
h	If "Yes," describe the arrangement i		ording period:			304		
31	Does the organization have a		tance nolicy that require	es the review of any	nonstandard			
J1	contributions?					31		Х
322	Does the organization hire or use					ļ .		
JZU	contributions?		•	•		32a		Х
h	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)) is checked.			
	describe in Part II.		(-, % ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a)				

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

Schedule M (Form 990) (2016)

HIAS, INC. 13-5633307

Schedule M (Form 990) (2016) Page **2**

Part II Suppler

Supplemental Information. 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.

MICROSOFT GRANT DONATIONS

SCHEDULE M, PART I, LINE 25

HIAS REPORTS THE NUMBER OF NONCASH CONTRIBUTIONS RECEIVED INSTEAD OF THE

NUMBER OF NONCASH ITEMS RECEIVED.

HIAS, INC. 13-5633307

Schedule M (Form 990) (2016) Page **2**

Supplemental Information. 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MICROSOFT GRANT DONAT	IONS X	1.	148,254.	FMV
TOTALS	=	1.	148,254.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HIAS, INC.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

13-5633307

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

HIAS, INC. ("HIAS"), THE GLOBAL JEWISH NONPROFIT ORGANIZATION THAT STANDS
FOR A WORLD IN WHICH ALL 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 ASYLUM-SEEKERS, AND ASSURES
THAT DISPLACED PEOPLE ARE TREATED WITH THE DIGNITY THEY DESERVE. GUIDED
BY JEWISH VALUES AND HISTORY, WE BRING MORE THAN 135 YEARS OF EXPERTISE
TO OUR WORK WITH REFUGEES.

VISION

HIAS STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY, AND FREEDOM.

MISSION

HIAS RESCUES PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE.

- WE PROTECT THE MOST VULNERABLE REFUGEES, HELPING THEM BUILD NEW LIVES AND REUNITING THEM WITH THEIR FAMILIES IN SAFETY AND FREEDOM.
- WE ADVOCATE FOR THE PROTECTION OF REFUGEES AND ASSURE THAT DISPLACED PEOPLE ARE TREATED WITH THE DIGNITY THEY DESERVE.

Name of the organization
HIAS , INC .

Employer identification number
13-5633307

PROGRAM SERVICE ACTIVITY 1

FORM 990, PART III, LINE 4A

OVER THE COURSE OF OUR HISTORY, HIAS HAS HELPED MORE THAN 4.5 MILLION REFUGEES BEGIN NEW LIVES. IN 2016, HIAS ASSISTED OVER 350,000 REFUGEES AND ASYLUM SEEKERS AROUND THE WORLD WITH DIRECT SERVICES, AND TENS OF THOUSANDS ADDITIONAL BENEFICIARIES THROUGH OUTREACH, INFORMATION, MONITORING AND SUPPORT.

CONFLICTS AROUND THE WORLD HAVE FORCED 65 MILLION PEOPLE TO FLEE THEIR
HOMELANDS DUE TO PERSECUTION - HARASSMENT, THREATS, ABDUCTION, OR TORTURE
-- BECAUSE OF THE RACE, RELIGION, NATIONALITY, SEXUAL ORIENTATION OR
POLITICAL OPINION. OVER AND OVER WE HAVE SEEN THAT, DESPITE THESE
TRAUMAS, REFUGEES ARE RESILIENT AND RESOURCEFUL - THEY FIND THE WAY NOT
JUST TO SURVIVE BUT TO THRIVE. BUT THEY CANNOT DO IT ALONE. HIAS IS THE
ONLY GLOBAL JEWISH ORGANIZATION WHOSE MISSION IS TO ASSIST REFUGEES,
WHOEVER AND WHEREVER THEY ARE. OUR WORK IS GENEROUSLY SUPPORTED BY
PRIVATE CONTRIBUTORS, THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
(UNHCR), OTHER UNITED NATIONS ENTITIES, AND THE US GOVERNMENT.

HIAS' INTERNATIONAL PROGRAM ASSISTS REFUGEES IN FOUR REGIONS OF THE WORLD: AFRICA, LATIN AMERICA, THE MIDDLE EAST, AND EURASIA. SPECIFICALLY, WE HAVE: OFFICES IN KENYA, UGANDA, CHAD, COSTA RICA, ECUADOR, PANAMA, VENEZUELA, GREECE, AUSTRIA, UKRAINE, AND ISRAEL. BECAUSE REFUGEES FACE LONG PERIODS OF TIME UNABLE TO RETURN HOME AND NOT PERMANENTLY RESETTLED IN A NEW COUNTRY, THEIR ABILITY TO BECOME SELF-SUFFICIENT AND TO MOVE BEYOND DEPENDENCE ON HUMANITARIAN AID IS CRUCIAL. HIAS' PROGRAMS ARE

DESIGNED TO SUPPORT SELF-SUFFICIENCY BY FOCUSING ON:

- 1. LEGAL PROTECTION AND ASSISTANCE TO NAVIGATE THE COMPLEXITIES OF
 GOVERNMENTAL REQUIREMENTS IN ORDER TO LIVE SAFELY AND SECURELY AS
 REFUGEES WHILE SEEKING RESETTLEMENT, ASYLUM OR REPATRIATION. HIAS
 PROVIDES FREE LEGAL SERVICES TO HELP REFUGEES AND ASYLUM SEEKERS ATTAIN
 LEGAL STATUS IN THEIR HOST COUNTRY, AND PROVIDES EDUCATION TO HELP THEM
 UNDERSTAND THEIR RIGHTS AND OPTIONS. WE BUILD LOCAL CAPACITY TO MAKE
 LEGAL SERVICES MORE WIDELY AVAILABLE AND ADVOCATE TO GOVERNMENTS FOR
 INCREASED LEGAL PROTECTION. WHEN FEASIBLE, HIAS REFERS THE MOST
 VULNERABLE REFUGEES FOR RESETTLEMENT TO THE U.S., CANADA AND OTHER
 WELCOMING NATIONS.;
- 2. PSYCHOSOCIAL PROGRAMS TO ADDRESS THE FEAR, ISOLATION AND DEPRESSION
 THAT CAN RESULT FROM BEING FORCED FROM THEIR HOMES AND FAMILIES,
 SURVIVING OR WITNESSING WAR AND PERSONAL VIOLENCE, AND THE DAILY STRESS
 OF LIVING ON THE MARGINS IN UNFAMILIAR CITIES OR CAMPS. HIAS HELPS
 REFUGEES OF ALL AGES BUILD STRONG COPING SKILLS, AND ENSURES THAT BASIC
 NEEDS AND SAFETY CONCERNS ARE ADDRESSED. SERVICES INCLUDE INDIVIDUAL AND
 GROUP COUNSELING TO HELP REFUGEES HEAL FROM TRAUMATIC EVENTS, SHORT-TERM
 FINANCIAL ASSISTANCE TO MEET URGENT NEEDS, TRANSPORTATION TO MEDICAL
 APPOINTMENTS, AND CASE MANAGEMENT TO ENSURE ACCESS TO PUBLIC BENEFITS AND
 SERVICES. OUR SOCIAL WORKERS CONDUCT HOME VISITS AND PROVIDE SHORT-TERM
 SAFE HOUSING FOR THOSE WITH PROTECTION CONCERNS, INCLUDING SURVIVORS OF
 SEXUAL AND GENDER-BASED VIOLENCE OR THOSE WHO CONTINUE TO BE PURSUED BY

THEIR PERSECUTORS IN THE COUNTRY OF ASYLUM.;

3. ACCESS TO LIVELIHOODS TO ACHIEVE ECONOMIC SELF-SUFFICIENCY AND HELP REFUGEES REGAIN DIGNITY AND CONTROL OF THEIR LIVES BY SEIZING OPPORTUNITIES FOR ENTREPRENEURSHIP, VOCATIONAL TRAINING, AND EMPLOYMENT. HIAS HELPS REFUGEES ACCESS EMPLOYMENT AND VOCATIONAL TRAINING PROGRAMS, AND PROVIDES SCHOLARSHIPS AND ENTREPRENEURIAL MICRO-GRANTS FOR REFUGEES TO START SMALL BUSINESSES. THESE PROGRAMS LAUNCH REFUGEES ON THE PATH TO ECONOMIC SELF-SUFFICIENCY, REDUCE RELIANCE ON SURVIVAL SEX WORK, AND HELP RESTORE A SENSE OF PURPOSE AND HUMAN DIGNITY.

AS EXAMPLES OF ITS INTERNATIONAL WORK IN 2016, HIAS PROGRAMS IN CHAD PROVIDED TRAINING AND ASSISTANCE, INCLUDING THE DISTRIBUTION OF FOOD AND MATERIAL GOODS, ACTIVITIES TO PROTECT AND RESPOND TO SEXUAL AND GENDER BASED VIOLENCE (SGBV), AND PSYCHOSOCIAL SUPPORT TO THE APPROXIMATELY 275,000 REFUGEES RESIDING IN ELEVEN CAMPS. IN KENYA AND UGANDA, HIAS PROVIDED PSYCHOSOCIAL SUPPORT, INCLUDING COUNSELING AND EMERGENCY FOOD AND HOUSING ASSISTANCE, TO OVER 3,000 OF THE MOST VULNERABLE REFUGEES, INCLUDING SURVIVORS OF TORTURE AND SEXUAL AND GENDER BASED VIOLENCE WHO FLED MORE THAN HALF A DOZEN NEIGHBORING COUNTRIES. IN LATIN AMERICA, HIAS PROVIDED A RANGE OF SERVICES, INCLUDING LEGAL COUNSELING, PSYCHOSOCIAL SUPPORT AND LIVELIHOODS ASSISTANCE, TO OVER 17,000 REFUGEES AND ASYLUM-SEEKERS. IN VIENNA, AUSTRIA HIAS WORKED 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. IN 2016,
HIAS ASSISTED 2,307 IRANIAN RELIGIOUS MINORITIES TO ARRIVE SAFELY IN THE
UNITED STATES. IN ISRAEL, HIAS RAN A PRO BONO LEGAL REPRESENTATION
PROJECT TO SERVE ASYLUM SEEKERS IN THAT COUNTRY, TRAINING OVER 100
ATTORNEYS AND PROVIDING LEGAL CONSULTATIONS AND ASSISTANCE TO OVER 250
ASYLUM SEEKERS. HIAS ALSO AWARDED 46 SCHOLARSHIPS TO NEW ISRAELI
IMMIGRANTS. THE ISRAEL OFFICE ALSO SUPPORTED AUSTRIA RSC TO RESETTLE IN
THE U.S. 24 AFRICAN REFUGEES WHO WERE RESIDING IN ISRAEL. IN UKRAINE, IN
PARTNERSHIP WITH THE NGO RIGHT TO PROTECT, HIAS EXTENDED LEGAL COUNSELING
TO OVER 2,000 ASYLUM SEEKERS AND UNDERTOOK MONITORING AND PROTECTION
ACTIVITIES THAT IMPACTED THE LIVES OF HUNDREDS OF THOUSANDS OF
INTERNALLY-DISPLACED PERSONS (IDPS) FROM THE CONFLICT ZONE IN EASTERN
UKRAINE.

PROGRAM SERVICE ACTIVITY 2

FORM 990, PART III, LINE 4B

REFUGEE RESETTLEMENT, ADVOCACY AND PUBLIC ENGAGEMENT LIE AT THE HEART OF HIAS' WORK IN THE UNITED STATES. AS THE OLDEST RESETTLEMENT AGENCY IN THE WORLD AND THE ONLY JEWISH ORGANIZATION DESIGNATED BY THE FEDERAL GOVERNMENT TO UNDERTAKE THIS HUMANITARIAN WORK ON BEHALF OF ALL PEOPLES, HIAS WORKS TO HELP REFUGEES BUILD STABLE LIVES IN WELCOMING COMMUNITIES THROUGHOUT THE COUNTRY. IN DOING SO, OUR PROGRAMS ARE INTENDED TO HELP NEWCOMERS OVERCOME DISPLACEMENT AND BECOME PRODUCTIVE CITIZENS AND TO STRENGTHEN THE FABRIC OF AMERICAN SOCIETY.

HIAS' REFUGEE FAMILIES COME PRIMARILY FROM SYRIA, IRAQ, AFGHANISTAN, AND

SUDAN AND OUR COMPREHENSIVE RESETTLEMENT PROGRAM ENABLES THEM TO ACCULTURATE TO AMERICAN SOCIETY AND TO BECOME SOCIALLY AND ECONOMICALLY INDEPENDENT.

IN 2016 HIAS RESETTLED 4,633 REFUGEES. HIAS' RESETTLEMENT IS ACCOMPLISHED IN PARTNERSHIP WITH 21 LOCAL SERVICE ORGANIZATIONS, FUNDED BY THE US DEPARTMENT OF STATE, PRIVATE FOUNDATIONS AND INDIVIDUAL DONORS. THROUGH CONTRACTED SERVICES, HIAS PROVIDES TECHNICAL ASSISTANCE AND MONITORS THIS NETWORK OF AFFILIATED ORGANIZATIONS RELATED TO RESETTLEMENT ACTIVITIES PROVIDED DURING THE FIRST 30-90 DAYS AFTER ARRIVAL IN THE US INCLUDING: RECEPTION AND PLACEMENT BY FAMILY REUNIFICATION WHEREVER POSSIBLE OR BY IDENTIFICATION OF OTHER SUPPORTIVE NEIGHBORHOODS; TRAVEL ARRANGEMENTS AND FUNDING; SECURING HOUSING AND ASSURING NECESSITIES; COUNSELING AND CASE MANAGEMENT; MEDICAL REFERRAL; INITIAL LANGUAGE ASSISTANCE; NATURALIZATION CLASSES AND APPLICATIONS FOR CITIZENSHIP, ASYLUM AND OTHER LEGAL NEEDS. THROUGH TWO SPECIALLY FUNDED PROJECTS - A PREFERRED COMMUNITIES GRANT AND PROVIDE DONOR - HIAS CAN EXTEND CASE MANAGEMENT FOR UP TO FIVE YEARS, IF NEEDED, AND PROVIDE LEGAL ASSISTANCE FOR ASYLUM SEEKERS, WHO WERE PROFESSIONALS (SCIENTISTS, SCHOLARS, ARTISTS, PHYSICIANS, TEACHERS, AND OTHERS) AND WHO DESIRE TO CONTINUE OR REBUILD THEIR CAREERS IN THE US.

PROGRAM SERVICE ACTIVITY 3

FORM 990, PART III, LINE 4C

IN ADDITION, HIAS IS FUNDED THROUGH A MATCHING GRANT PROGRAM TO SUPPORT

BASIC NEEDS, CASE MANAGEMENT AND INTENSIVE EMPLOYMENT SERVICES TO CERTAIN

REFUGEES ACCEPTED IN THE NETWORK OF AFFILIATED ORGANIZATIONS FOR UP TO

Name of the organization

HIAS , INC .

Employer identification number

13-5633307

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. REFUGEES ARE SELECTED TO PARTICIPATE IN THIS PROGRAM IF THEY ARE DEEMED EMPLOYABLE AND LIKELY TO BECOME EMPLOYED IN THIS SHORT TIME FRAME. IN 2016, 702 REFUGEES COMPLETED THE PROGRAM, AND 87% WERE SELF-SUFFICIENT SIX MONTHS AFTER THEIR ARRIVAL IN THE U.S.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

COMMUNITY ENGAGEMENT: IN THE LAST TWO YEARS, HIAS LAUNCHED A SIGNIFICANT OUTREACH PROGRAM TO ENGAGE OVER 20,000 AMERICAN JEWS AND AMERICAN JEWISH INSTITUTIONS AND HELP THEM LEARN ABOUT AND ENGAGE WITH THE GLOBAL REFUGEE CRISIS THROUGH THE LENS OF JEWISH VALUES AND HISTORY. HIAS CREATED PARTNERSHIPS WITH SEVERAL HUNDRED SYNAGOGUES AND LOCAL JEWISH COMMUNITIES, INVOLVED 2,000 RABBIS IN ACTIVISM, ADVOCACY, AND VOLUNTEERISM IN SUPPORT OF REFUGEES, AND PROVIDED EDUCATIONAL MATERIALS AND TRAINING FOR COMMUNITY, PROFESSIONAL AND LAY LEADERS AT THE STATE, LOCAL AND NATIONAL LEVELS.

HIAS IS A LEADER IN THE UNITED STATES IN DEVELOPING PUBLIC POLICIES AND ASSURING PUBLIC FUNDING TO SUPPORT REFUGEES FOCUSED ON ADVANCING DURABLE SOLUTIONS, PROVIDING LEGAL ASSISTANCE TOWARD ASYLUM AND CITIZENSHIP, AND SUPPORTING FAMILY UNIFICATION. WE ENGAGE EVERY COMMUNICATION TOOL AT OUR DISPOSAL TO COMBAT AND DRAW ATTENTION TO THE VIRULENT ANTI-REFUGEE

Name of the organization
HIAS , INC .

Employer identification number
13-5633307

REGULATION AND SENTIMENT, AND HAVE BECOME A GO-TO MEDIA RESOURCE AND AN IMPORTANT SOCIAL MEDIA PRESENCE IN SUPPORT OF REFUGEE POLICIES AND PROGRAMS. HIAS IS ACCREDITED BY THE ECONOMIC AND SOCIAL COMMISSION OF THE UNITED NATIONS, WHICH GIVES US A PROMINENT PLATFORM FOR INTERNATIONAL ADVOCACY ON BEHALF OF REFUGEES.

FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

FORM 990, PART V, LINE 4B

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

FORM 990 REVIEW PROCESS

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

THE FORM 990 IS PREPARED AND REVIEWED BY GRANT THORNTON. THE HIAS

PRESIDENT AND CEO, CFO, AND BOARD OF DIRECTORS PERFORM A DETAILED REVIEW

OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS.

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

ALL SENIOR OFFICIALS AND EVERY MEMBER OF THE BOARD OF DIRECTORS, SUBMIT WRITTEN DISCLOSURE STATEMENTS ATTESTING THAT S/HE UNDERSTOOD AND COMPLIED WITH THE CONFLICTS OF INTEREST POLICY, AND CERTIFYING THAT EXCEPT AS SPECIFICALLY DESCRIBED IN HIS/HER PERSONAL DISCLOSURE FORM, NEITHER S/HE NOR ANY MEMBER OF HIS/HER FAMILY TO THE BEST OF HIS/HER KNOWLEDGE HAD BEEN ENGAGED IN ANY CONFLICT OF INTEREST. THE DISCLOSURE FORMS ARE REVIEWED BY MANAGEMENT AND NOTHING WAS NOTED THAT REQUIRED ACTION OF ANY

KIND. THE CONFLICTS OF INTEREST FORMS ARE COMPLETED ANNUALLY AND RETAINED BY HIAS, INC. ANY POTENTIAL CONFLICTS OF INTEREST ARE EVALUATED, AND INDIVIDUALS WITH ANY ACTUAL CONFLICTS OF INTEREST RECUSE THEMSELVES FROM ANY DECISIONS OR DELIBERATIONS WITH REGARDS TO THE CONFLICTING ACTIVITY.

HIAS COMPENSATION POLICY

FORM 990, PART VI, SECTION B, LINES 15A AND 15B HIAS HAS ADOPTED AN ANNUAL CEO AND OFFICER PERFORMANCE EVALUATION POLICY AND PROCESS WHICH IS FUNDAMENTAL TO THE BOARD OF DIRECTORS' OVERSIGHT OF THE CEO AND ITS PAID OFFICERS AND THE MISSION AND STRATEGY OF THE ORGANIZATION AND A PREREQUISITE TO ESTABLISHING THE COMPENSATION FOR THE CEO AND ITS OFFICERS. THE CEO AND PAID OFFICERS SUBMIT A WRITTEN SELF-EVALUATION TO THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS REPORTING PROGRESS AGAINST THE INSTITUTIONAL, MANAGEMENT AND INDIVIDUAL DEVELOPMENT GOALS AND OBJECTIVES OF THE PREVIOUS YEAR. CONCURRENTLY, THE GOVERNANCE COMMITTEE SOLICITS VIEWS ON THE CEO'S AND OFFICERS' PERFORMANCE FROM THE FULL BOARD OF DIRECTORS. THE GOVERNANCE COMMITTEE CONSOLIDATES THE FEEDBACK AND MAKES PERFORMANCE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD DISCUSSES AND AGREES UPON THE DELIVERY OF THE PERFORMANCE REVIEW AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE GOVERNANCE COMMITTEE PRESENT THE ASSESSMENT TO THE CEO AND ITS OFFICERS.

HIAS'S EXECUTIVE COMPENSATION POLICY IS DESIGNED TO PROVIDE A REASONABLE
AND COMPETITIVE PACKAGE OF SALARY AND BENEFITS, CONSISTENT WITH MARKET
BASED COMPENSATION PRACTICES, THE PERFORMANCE OF CEO, AND THE

Name of the organization
HIAS, INC.

Employer identification number
13-5633307

ORGANIZATIONS' FINANCIAL RESOURCES. THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR ASSURING THAT A COMPENSATION MARKET ANALYSIS IS CONDUCTED AT LEAST EVERY TWO YEARS OF COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AND BENCHMARKING ITS RECOMMENDATION FOR CEO AND OFFICER COMPENSATION WITH SUCH GROUPS AS GUIDESTAR, CHARITY NAVIGATOR, AND NATIONAL JEWISH LEADERSHIP ORGANIZATIONS. THE FULL BOARD OF DIRECTORS IS RESPONSIBLE FOR MAKING THE FINAL COMPENSATION DETERMINATION BASED ON THE PERFORMANCE REVIEW OF ITS CEO AND OFFICERS, THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE AND THE MARKET ANALYSIS. THE MINUTES OF THE BOARD DOCUMENT THE BOARD'S DECISION AND ITS BASIS FOR THE REASONABLENESS OF THE COMPENSATION.

FOR KEY EMPLOYEES, THE COMPENSATION REVIEWS ARE DONE INTERNALLY BY

MANAGEMENT TAKING INTO CONSIDERATION THE CURRENT MARKET SITUATION. THE

LAST COMPENSATION REVIEW WAS DONE ON OCTOBER 31, 2015.

FORM 990, PART VI, SECTION C, LINE 19

THE FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC

UPON REQUEST AND ALSO PUBLISHED ON HIAS' WEBSITE. THESE DOCUMENTS ALONG

WITH OUR WHISTLEBLOWER POLICY ARE AVAILABLE THROUGH OUR WEBSITE. THE

CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE

OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 9

UPON REQUEST.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

Schedule O (Form 990 or 990-EZ) 2016 Page **2**

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

ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENT: (\$86,959)

CHANGE IN MINIMUM PENSION LIABILITY: \$264,291

TOTAL: \$177,332

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

 $\mathtt{MN}, \mathtt{MS}, \mathtt{NH}, \mathtt{NJ}, \mathtt{NM}, \mathtt{NY}, \mathtt{NC}, \mathtt{ND}, \mathtt{OH}, \mathtt{OK}, \mathtt{OR}, \mathtt{PA},$

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CORNERSTONE SUPPORT, INC. 106 ALLEN ROAD BASKING RIDGE, NJ 07920	RELOCATION SERVICES	358,859.
DONOR POINT MARKETING 649 NORTH HORNERS LANE ROCKVILLE, MD 20850	MARKETING	352,342.
GRANT THORNTON LLP 33570 TREASURY CENTER CHICAGO, IL 60694	AUDIT FIRM	294,520.
AMERICAN JEWISH HISTORICAL SOCIETY 15 WEST 16TH STREET NEW YORK, NY 10011	ARCHIVING RECORDS	277,814.
AFD CONTRACT FURNITURE INC. 810 SEVENTH AVENUE NEW YORK, NY 10019	OFFICE & FURNITURE	258,884.

HIAS, INC.

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

► Attach to Form 990.

Related Organizations and Unrelated Partnerships

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC. HIAS,

Part I

OMB No. 1545-0047 2016

13-5633307

Open to Public Inspection

Employer identification number

13-5633307

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	organization answ	rered "Yes" on Fo	rm 990, Part IV,	line 34 because	it had

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) Iled /?
						Yes	No
TEL AVIV, IS 64956 L]	LEGAL AID	IS	501(C)(3)	7	HIAS	×	

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

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Schedule R (Form 990) 2016

13-5633307

Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2016 Part III

(k) Percentage ownership												(i)	ownership controlled entity?	Yes No		×							90) 2016
			_			_						(h)	ership										rm g
(j) General or managing partner?	s No		_								art⊳	Darg											- R
Code V - UBI Ge amount in box 20 ms of Schedule K-1 pr (Form 1065)	Yes										Form 990, Pa	(g)	end-of-year assets										Schedule R (Form 990) 2016
amo of 8						1					uo <u>"</u>		5										
(h) Disproportionate a flocations?	Yes No										red "Yes	(f) Share of total	income										
(g) Share of end-of- year assets											Inization answe	(e) Type of entity	(C corp, S corp, or trust)										
(f) Share of total income											lete if the orga or trust during t	(d)				4							
(e) Predominant income (related, unrelated, excluded from tax under sections, 512-514)											or Trust. Comp	(c)				NY N/A							
Direct controlling entity)										a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	(b)	י יייימין מכניעיני			CRUT							
Dire																							
(c) Legal domicile (state or foreign	, , , , , ,										Taxable												
(b) Primary activity											ed Organizations one or more rela	of related organization	סן ופומכע סן שמוויצמוסן		1)	SSINING, NY 10562							
(a) Name, address, and EIN of related organization		(1)		(2)	(3)		(4)	(G	(9)	(7)	Part IV Identification of Related Organizations Taxable as Part IV line 34 because it had one or more related organizations.	(a) Name address and FIN of related organization	ואמווכי, מכטוסטי, מום בווא		(1) CHARITABLE REMAINDER UNITRUST (1)	GEORGE LANGNAS, 12 NOEL DRIVE OSSINING,	(2)	(3)	(4)	(5)	(6)	(7)	SA A

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Page 3

13-5633307

HIAS, INC.

Schedule R (Form 990) 2016

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations lis	ted in Parts II-IV?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a	×
Gift, grant, or capital contribution to related organization(s)			1b	X
Gift, grant, or capital contribution from related organization(s)			10	×
Loans or loan guarantees to or for related organization(s)			11	× -
Loans or loan guarantees by related organization(s)			1e	X
Dividends from related organization(s),			1f	×
Sale of assets to related organization(s)			19	X I
Purchase of assets from related organization(s)			1h	X
Exchange of assets with related organization(s).			=	×
Lease of facilities, equipment, or other assets to related organization(s)			<u>.</u> 1	X
			;	
Lease of Tacinites, equipment, of other assets from Tefated organization(s)			¥ ;	
Performance of services or membership of fundralsing solicitations for related organization(s)			F , :	
Performance of services or membership or fundraising solicitations by related organization(s).			1 E	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- 1n	
Sharing of paid employees with related organization(s)				×
Raim hursament paid to related organization(s) for expanses				×
Reimbursement paid by related organization(s) for expenses				
Other transfer of cash or property to related organization(s)			11	
			18	×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nis line, including cove	red relationships and transa	action threshol	lds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	stermining ivolved
HIAS ISRAEL	Ъ	620,846.	FMV	
JSA 6E13091.000		Sch	Schedule R (Form 990) 2016	n 990) 2016

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Schedule R (Form 990) 2016

Page **4**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	or Percentage g ownership
			sections 512-514)	Yes No			Yes No	\vdash	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
JSA 6E1310 1.000								Sch	edule R (Schedule R (Form 990) 2016

HIAS, INC. 13-5633307

Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).					
All corporation	ons required to file an income tax return othe	r than Forr	m 990-T (including 112	0-C filers), partnerships,	RE	MICs,	and trust	S
nust use Fo	rm 7004 to request an extension of time to fi	ile income	tax returns.					
				Enter filer's identifyin	g nu	mber, s	ee instruct	ions
Гуре or	Name of exempt organization or other filer, see in	structions.		Employer identification nu	ımbe	r (EIN)	or	
-								
orint	HIAS, INC.			13-563330	7			
File by the due date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (S	SN)			
iling your	1300 SPRING STREET, SUITE 500							
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.					
notraotione.	SILVER SPRING, MD 20910							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0	1
		(,				
Application		Return	Application				Retu	'n
s For		Code	Is For				Code	е
orm 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)			07	
orm 990-BL	_	02	Form 1041-A	·			08	
orm 4720 ((individual)	03	Form 4720 (other tha	n individual)			09	
Form 990-PF	-	04	Form 5227				10	
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-T	(trust other than above)	06	Form 8870				12	
Telephone If the orga If this is foor the whole	FARHAN IRSHAD s are in the care of 1300 SPRING STRI No. > 301 844-7300 anization does not have an office or place of the care of the car	ousiness in ur digit Gro	Fax No. ▶ the United States, check pup Exemption Number (ck this box		 If t and at	his is	
for the c	st an automatic 6-month extension of time ur organization named above. The extension is to calendar year 20 16 or tax year beginning	for the org	anization's return for:	17_, to file the exempt			tion retur	n
	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, ched	ck reason: Initial re	eturn Final returr	1			
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less any				
	undable credits. See instructions.				3a	\$		0.
	application is for Forms 990-PF, 990-T,		•					
	ted tax payments made. Include any prior yea				3b	\$		0.
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS				
(Electro	onic Federal Tax Payment System). See instru	ctions.			3с	\$		0.
Caution. If you	are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	1 887	79-EO f	for payme	nt
nstructions.								
or Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n 8868	3 (Rev. 1-2	.017)