Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2023 calendar year, or tax year beginning	and	ending				
В	Check if applicable	C Name of organization LUTHERAN IMMIGRATION & REFUGEE SE	RVICE,		D Employer ide	entific	ation number	
	Addres	S THE DRA GLODAL DEFINE	,					
	Name change				13-2574	854		
	Initial return Final	Number and street (or P.O. box if mail is not de 700 LIGHT STREET	livered to street address)	Room/suite	E Telephone nu 410-230-			
	return/ termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		232,855,800.	
	Ameno		Zii di lordigii postal ocac		H(a) Is this a gro	uin re		
	Application		H O'MARA VIGNARAJAH		for subordir			
	pendin	SAME AS C ABOVE			H(b) Are all subordir			
$\overline{}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ` ′		list. See instructions	
	Websit		(11100111101)	0. 02.	H(c) Group exer			
			ssociation Other	L Year	of formation: 1966		State of legal domicile: MD	
	art I	Summary		= 100	or rormation,	1	Ctate of logal dofficient,	
	<u> 1</u>	Briefly describe the organization's mission or most	significant activities: LIRS W	ORKS TO C	CREATE WELCOME	FOR		
Governance	3	MIGRANTS AND REFUGEES. ADVOCATES FOR						
į	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its ne	et ass	ets.	
ğ	3	Number of voting members of the governing body	·			3	16	
		Number of independent voting members of the go				4	16	
9	5 5	Total number of individuals employed in calendar y				5	628	
<u>.</u>	6	Total number of volunteers (estimate if necessary)				6	16	
Activities &	7 a	Total unrelated business revenue from Part VIII, co				7a	0.	
٩	t b	Net unrelated business taxable income from Form				7b	0.	
					Prior Year		Current Year	
Revenue	. 8	Contributions and grants (Part VIII, line 1h)			204,821,5	06.	229,161,548.	
	9				1,561,0	57.	1,510,227.	
	10	nvestment income (Part VIII, column (A), lines 3, 4			712,9	25.	2,095,858.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			2,2	23.	61,047.	
		Total revenue - add lines 8 through 11 (must equal			207,097,7	11.	232,828,680.	
		Grants and similar amounts paid (Part IX, column (149,068,7	90.	171,205,827.	
		Benefits paid to or for members (Part IX, column (A				0.	0.	
u	45	Salaries, other compensation, employee benefits (I			29,447,0	14.	46,025,184.	
Fynancae	2 16a	Professional fundraising fees (Part IX, column (A), I			595,968.		0.	
٥	<u>}</u> b	Total fundraising expenses (Part IX, column (D), line						
ú	ì 17	Other expenses (Part IX, column (A), lines 11a-11d	11f-24e)		7,234,392.		12,988,966.	
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		186,346,1	64.	230,219,977.	
		Revenue less expenses. Subtract line 18 from line	12		20,751,5	47.	2,608,703.	
5	Ses			Ве	ginning of Current Y	'ear	End of Year	
sets	ਬੂ 20 ਂ	Total assets (Part X, line 16)			91,196,9	74.	107,666,854.	
t Assets or	ਸ਼੍ਰੋ 21 ਂ	Total liabilities (Part X, line 26)			35,277,2	55.	45,228,272.	
Net		Net assets or fund balances. Subtract line 21 from	line 20		55,919,7	19.	62,438,582.	
Р	art II	Signature Block						
		ties of perjury, I declare that I have examined this return,			•	of my	knowledge and belief, it is	
tru	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.			
Sig		Signature of officer			Date			
He	re	F. ANDREW PEPITO, CFO						
_		Type or print name and title	<u> </u>		Data I		T DTIN	
_		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN	
Pai		HARRISON PEREIRA		0		-employe		
	parer	Firm's name TAIT, WELLER & BAKER LLP	Firm's Ell	V 2	23-1144520			
Us	Only	Firm's address 50 SOUTH 16TH STREET, SUI	TE 2900			04.5	000	
_		PHILADELPHIA, PA 19102			Phone no	215-	-979-8800	
Ma	ιy the IF	S discuss this return with the preparer shown abo	ve? See instructions				X Yes No	

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WITNESSING TO GOD'S LOVE FOR ALL PEOPLE, WE STAND WITH AND ADVOCATE
	FOR MIGRANTS AND REFUGEES, TRANSFORMING COMMUNITIES THROUGH MINISTRIES
	OF SERVICE AND JUSTICE.
2	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 97,372,215. including grants of \$ 90,285,842.) (Revenue \$
	RESETTLEMENT: IN FY 2023, LIRS RESETTLED 11,244 REFUGEES, UNACCOMPANIED
	REFUGEE MINORS AND SIVS (AFGHAN SPECIAL IMMIGRANT VISAS WHO SERVED
	OVERSEAS ALONGSIDE THE US ARMED FORCES) FROM 48 COUNTRIES THROUGH ITS
	NETWORK OF LOCAL SOCIAL MINISTRY ORGANIZATIONS IN 77 LOCATIONS ACROSS
	THE UNITED STATES, PREPARING A PLACE OF WELCOME TO MEET THE PARTICULAR
	NEEDS OF THE REFUGEES AND ENGAGING LOCAL CHURCHES AND COMMUNITIES TO
	ASSIST REFUGEES TO BECOME SELF-RELIANT MEMBERS OF THEIR NEW
	COMMUNITIES. THE TOP FIVE COUNTRIES OF ORIGIN OF RESETTLED REFUGEES IN
	FY23 WERE AFGHANISTAN, DEMOCRATIC REPUBLIC OF CONGO, BURMA, SOMALIA,
	AND SYRIA.
	LIRS REFUGEE RESETTLEMENT PROGRAMMING INCLUDES:
4b	(Code:) (Expenses \$107,326,832. including grants of \$76,598,645.) (Revenue \$
	CHILDREN AND FAMILY SERVICES: FOR MORE THAN 40
	YEARS, LIRS HAS PROVIDED CHILD WELFARE SERVICES TO REFUGEE AND MIGRANT
	CHILDREN WHO ARE UNACCOMPANIED OR SEPARATED FROM FAMILY, LIRS PROVIDED
	RESIDENTIAL CARE AND COMMUNITY BASED CASE MANAGEMENT SERVICES TO OVER
	22,000 NEWLY REUNIFIED CHILDREN AND FAMILIES IN 2023. THESE CHILDREN
	HAVE TYPICALLY FLED COMMUNITY VIOLENCE, CIVIL CONFLICT, PERSECUTION,
	TRAFFICKING, EXTREME POVERTY, OR MALTREATMENT. LIRS APPROACHES ITS WORK
	WITH INTEGRITY AND UPHOLDS THE FOLLOWING PRINCIPLES IN SERVING
	CHILDREN: DECISION-MAKING BASED ON THE BEST INTERESTS OF THE CHILD; PRESERVING FAMILY UNITY; PLACEMENTS OF CHILDREN IN THE LEAST
	RESTRICTIVE SETTING; PRIORITIZING CHILD PROTECTION; AND
	PROVIDING SERVICES WITH QUALITY AND INNOVATION.
40	(Code:) (Expenses \$ 3,527,608. including grants of \$ 1,853,497.) (Revenue \$
70	MIGRANT SERVICES: IN 2023, LIRS CONTINUED IMPLEMENTING THE FOLLOWING
	REFUGEE RELATED
	PROGRAMS AND INITIATIVES:
	NEW AMERICAN CITIES (NAC) (FUNDED BY WALMART, CHURCH OF JESUS CHRIST OF
	LATTER-DAY SAINTS, ICONIQ) - TARGETED CAREER UPSKILLING SUPPORT AND
	PLANNING FOR NEW AMERICANS WHO HAVE BEEN IN COUNTRY FOR 20 YEARS OR
	LESS. LIRS OPERATES THE PROGRAM IN SIX LOCATIONS AND HAD SERVED 312
	CLIENTS IN 2023.
	COMMUNITY ENGAGEMENT:
	1. CIRCLE OF WELCOME (COW) - FACILITATED VOLUNTEER CHURCH/COMMUNITY
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 6,697,509. including grants of \$ 2,467,843.) (Revenue \$)
<u>4e</u>	Total program service expenses 214,924,164.
	Form 990 (2023

09580812 758275 3028.000

INC. DBA GLOBAL REFUGE Page 3 13-2574854 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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_		Х
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_	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		Х
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		 	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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INC. DBA GLOBAL REFUGE 13-2574854 Page **4** Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Х d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 84 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

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Form 990 (2023)

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 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 required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records F. ANDREW PEPITO, CHIEF FINANCIAL OFFICER - 410-230-2733			

700 LIGHT STREET, BALTIMORE, MD 21230

Form 990 (2023) 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization por any related organization compensated any current officer, director, or trustee

- 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related o	orga	niza	tion	con	nper	sate	ed any current officer, d	i i				
(A)	(B)				C)			(D)	(E)	(F)			
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of			
	week		- Si uii		5540	1 4 43	,	from	from related	other			
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	truste	al tru:		yee	n bei		1099-NEC)	,	and related			
	below	idual	nstitutional trustee	la la	Key employee	Highest compensated employee	Je.	ĺ		organizations			
	line)	Indiv	Instit	Officer	Key 6	High	Former						
(1) KRISH O'MARA VIGNARAJAH	40.00												
CEO	1.00			Х				602,375.	0.	40,592.			
(2) LEE WILLIAMS	40.00												
VICE PRES PROGRAMS					Х			272,755.	0.	51,300.			
(3) F. ANDREW PEPITO	40.00												
CFO				Х				287,756.	0.	26,909.			
(4) GERI O'DONOGHUE	40.00												
VICE PRES HUMAN RESOURCES	1.00				Х			223,896.	0.	43,406.			
(5) ERIN TAYLOR	40.00												
DIRECTOR COMMUNICATIONS				Х				200,043.	0.	29,090.			
(6) MARIA MASKELL	40.00												
DIRECTOR FOR IT					Х			170,458.	0.	48,117.			
(7) ANDREW STEELE	40.00												
VP DEVELOPMENT AND MOBILIZATION				Х				193,462.	0.	24,602.			
(8) LORIE DAVIDSON	40.00												
DIR CHILDREN & FAMILY SERV				Х				170,675.	0.	30,556.			
(9) ZHUOYING FAN	40.00												
DIRECTOR						Х		148,714.	0.	50,601.			
(10) SABA BERHANE	40.00												
DIRECTOR						Х		145,239.	0.	26,146.			
(11) ALLISON COMO	40.00												
CONTROLLER						Х		133,426.	0.	25,843.			
(12) MEGAN BRACY	40.00												
DIR REFUGEE AND MIGRANT SERVICES						Х		139,510.	0.	16,799.			
(13) VIRGINIA FITCHETT	40.00												
DEPUTY DIRECTOR						Х		140,157.	0.	15,703.			
(14) ELIZABETH B. WAGNER	3.00												
CHAIR		Х		Х				0.	0.	0.			
(15) MICHELE SPEAKS	3.00												
SECRETARY		Х		Х				0.	0.	0.			
(16) DENNIS WIECKERT	3.00												
TREASURER		Х	L	х	L	L		0.	0.	0.			
(17) CARLOS PENA	3.00												
DIRECTOR		Х						0.	0.	0.			

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	REF	UGE:	E S	ERV	ICE	,			
						_			4 Page 8
	oloy	ees,			ghes	t Co		,	
(B) Average hours per week	box	not cl	Posi heck i	ition more son i	than c s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
3.00									
	Х						0.	0.	0.
3.00									
	Х						0.	0.	0.
3.00									
	Х						0.	0.	0.
3.00									
	Х						0.	0.	0.
3.00									
	Х						0.	0.	0.
3.00									
	Х						0.	0.	0.
3.00									
	х						0.	0.	0.
3.00									
	Х						0.	0.	0.
3.00									
	BAL REFUGE (B) Average hours per week (list any hours for related organizations below line) 3.00 3.00 3.00 3.00 3.00 3.00	BAL REFUGE Itees, Key Employer (B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00 X 3.00 X 3.00 X 3.00 X 3.00 X 3.00 X	REFUGE Interest Key Employees, (B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00 X	BAL REFUGE itees, Key Employees, and (B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00	BAL REFUGE (B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00	REAL REFUGE (B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00 X	(B) Average hours per week (list any hours for related organizations below line) 3.00 X 3.00	REAL REFUGE Interest, Key Employees, and Highest Compensated Employees (B) Average	REAL REFUGE RECES, Key Employees, and Highest Compensated Employees (Continued) (B) Average hours per week (list any) hours for related organizations below line) 3 . 00 X 3 . 00 X 3 . 00 X X 3 . 00 X X 4

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

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 NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed		

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form **990** (2023)

429,664,

13

DIRECTOR

2,828,466.

2,828,466.

0.

Form 990 INC. DBA GLOBAL REFUGE 13-2574854

Form 990 INC. DBA GLOBAL REFUGE								13-2574854					
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours	(c		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
27) CLARANCE SMITH DIRECTOR	3.00	Х						0.	0.	(
28) DR. GEORGE VIJI	3.00												
DIRECTOR	2 00	Х						0.	0.				
(29) MUHSIN HASSAN DIRECTOR	3.00	х						0.	0.	(
Total to Part VII, Section A, line 1c			<u> </u>	<u> </u>	<u> </u>	<u> </u>							

INC. DBA GLOBAL REFUGE

Part VIII Statement of Revenue

		Check if Schedule O contains	a response o	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 :	a Federated campaigns	1a					
ant		b Membership dues						
جَ ۾		c Fundraising events						
fts, r A		d Related organizations						
igig.		e Government grants (contributions		221,476,051.				
Sin		f All other contributions, gifts, grants, a	′ •••	7 - 7 - 7 - 7				
uti je r		similar amounts not included above		7,685,497.				
ĢË		Noncash contributions included in lines 1a-1f		112,723.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f	IgηΦ	,,	229,161,548.			
0 6	'	I Total: Add lines 1a-11		Business Code	227,202,010.			
	•	a SERVICE FEES LOANS		900099	942,715.	942,715.		
/ice	2 6			900099	567,512.	567,512.		
Program Service Revenue	_			300033	307,312.	307,312.		
m S								
gra Re		d						
Š		e						
-		f All other program service revenue			1 510 227			
		g Total. Add lines 2a-2f			1,510,227.			
	3	Investment income (including divi	•	•	2 008 533			2 008 533
		other similar amounts)			2,098,533.			2,098,533.
	4	Income from investment of tax-ex		roceeds				
	5	Royalties		(ii) Dorganal				
			(i) Real	(ii) Personal				
		a Gross rents 6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	(::) Oth :::				
	7 :) Securities	(ii) Other				
	_	assets other than inventory 7a	24,445.					
		b Less: cost or other basis	27 120					
Other Revenue		and sales expenses 7b	27,120.					
e e		c Gain or (loss) 7c	-2,675.		2 675			2 675
Ř		d Net gain or (loss)			-2,675.			-2,675.
t l	8 8	a Gross income from fundraising events						
0		including \$						
		contributions reported on line 1c)						
		Part IV, line 18	I					
		b Less: direct expenses						
		Net income or (loss) from fundrais	-					
	9 7	 Gross income from gaming activit Part IV, line 19 	I .					
		b Less: direct expenses						
		c Net income or (loss) from gaming						
		a Gross sales of inventory, less retu						
	10 6	and allowances	I					
		b Less: cost of goods sold	I .					
		c Net income or (loss) from sales of						
\dashv		The modifie of those, from sales of	voiltory	Business Code				
Snc	11 :	a MISCELLANEOUS		900099	61,047.			61,047.
nec		b			•			,
ella		c						
Miscellaneous Revenue		d All other revenue						
2					61,047.			
	12	Total revenue. See instructions			232,828,680.	1,510,227.	0.	2,156,905.

332009 12-21-23

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Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 167,974,770 167,974,770. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 3,231,057, 3,231,057. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,550,427. trustees, and key employees 201,232. 2,131,133. 218,062. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 32,120,247. 26,519,440. 4,371,315. 1,229,492. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,824,040 1,433,809 299,696 90,535. 6,930,351 5,615,955 1,077,179 237,217. 9 Other employee benefits 2,600,119. 2,035,096 458,260 106,763. 10 Payroll taxes Fees for services (nonemployees): Management 211,357 83,015. 114,645 13,697. Legal 63,500. 63,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 67,128. 67,128 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,441,531 643,687 1,004,831 793,013. column (A), amount, list line 11g expenses on Sch O.) 61,447 23,395 35,152 2,900. Advertising and promotion 12 339,771 153,367 144,354. 637,492. 13 Office expenses 3,302,024 2,776,798. 423,469 101,757. 14 Information technology 15 Royalties 1,680,395 1,596,128 34,453 49,814. 16 Occupancy 2,280,925 201,471 137,366. 1,942,088 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 444,038. 1,757,827. 1,295,115. 18,674. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 164,997 37,361. 95,648 31,988. 22 Depreciation, depletion, and amortization 196,958. 180,554 16,404. 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) MEMBERSHIP DUES 117,340. 22,574. 36,809 57,957. VOLUNTEER EXPENSES 3,950 6,045 2,095 С d All other expenses 3,249,993. 230,219,977 214,924,164 12,045,820 Total functional expenses. Add lines 1 through 24e 25 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)

INC. DBA GLOBAL REFUGE

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,108,052.	1	25,354,734
	2	Savings and temporary cash investments			5,106,710.	2	5,376,360
	3	Pledges and grants receivable, net			41,831,452.	3	37,152,275
		Accounts receivable, net		997,893.	4	906,663	
	5	Loans and other receivables from any current				·	
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		·		5	
	6	Loans and other receivables from other disqu	· ·				
		under section 4958(f)(1)), and persons describ			6		
,	7	Notes and loans receivable, net		0.	7	95,838	
K		Inventories for sale or use				8	
Ž		B			385,821.	9	493,412
		Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	1 1	1,976,878.			
	b	Less: accumulated depreciation		953,851.	1,063,549.	10c	1,023,027
1	1	Investments - publicly traded securities	27,370,980.	11	32,198,641		
	2	Investments - other securities. See Part IV, lin			310,163.	12	340,872
	3	Investments - program-related. See Part IV, lir	3,318,079.	13	3,542,927		
	4	Intangible assets			14		
	5	Other assets. See Part IV, line 11		704,275.	15	1,182,10	
	6	Total assets. Add lines 1 through 15 (must e			91,196,974.	16	107,666,854
	7	Accounts payable and accrued expenses			4,345,630.	17	5,416,602
	8	Grants payable		29,316,253.	18	38,469,369	
	9	Deferred revenue		45,431.	19	69,381	
	20	Tax-exempt bond liabilities		1,265,155.	20	1,109,629	
	21	Escrow or custodial account liability. Complet		, ,	21		
۔ ا	2	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sul					
5		controlled entity or family member of any of the				22	
^ຊ ີ ₂	23	Secured mortgages and notes payable to unr	-			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
-		parties, and other liabilities not included on lir					
		of Schedule D	•		304,786.	25	163,291
2	26	Total liabilities. Add lines 17 through 25			35,277,255.	26	45,228,272
╅		Organizations that follow FASB ASC 958, c	heck here	X	<u> </u>		<u> </u>
ß		and complete lines 27, 28, 32, and 33.					
2	27				53,676,782.	27	62,019,068
ğ 2	 28	Net assets with donor restrictions			2,242,937.	28	419,514
-		Organizations that do not follow FASB ASC					,
5		and complete lines 29 through 33.	occ, check ii				
2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	9	Capital stock or trust principal, or current fund			29		
2 2	80	Paid-in or capital surplus, or land, building, or			30		
ဂို ၂ ၁	81	Retained earnings, endowment, accumulated				31	
3 3	2	Total net assets or fund balances			55,919,719.	32	62,438,582
Z 3	3	Total liabilities and net assets/fund balances			91,196,974.	33	107,666,854

INC. DBA GLOBAL REFUGE

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	232	,828,	680.
2	Total expenses (must equal Part IX, column (A), line 25)	2	230	,219,	977.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,608,	703.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55	,919,	719.
5	Net unrealized gains (losses) on investments	5	3	,910,	160.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	62	,438,	582.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," explain on Schedule	O.			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

LUTHERAN IMMIGRATION & REFUGEE SERVICE.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

INC. DBA GLOBAL REFUGE 13-2574854 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

g Provide the following information about the supported organization(s).										
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other				
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
		above (see instructions))	100	110						
Total										

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INC. DBA GLOBAL REFUGE

13-2574854

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	60,524,059.	61,270,188.	112,710,496.	204,821,506.	229,161,548.	668,487,797.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	60,524,059.	61,270,188.	112,710,496.	204,821,506.	229,161,548.	668,487,797.
	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)						1,559,675.
6	Public support. Subtract line 5 from line 4.						666,928,122.
	ction B. Total Support						· · ·
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	60,524,059.	61,270,188.	112,710,496.	204,821,506.	229,161,548.	668,487,797.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	260,828.	125,423.	153,935.	620,967.	2,098,533.	3,259,686.
9	Net income from unrelated business	,	•		,		, ,
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	85,314.	52,356.	67,837.	2,223.	61,047.	268,777.
11	Total support. Add lines 7 through 10	,	,	,	,	,	672,016,260.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	9,130,931.
	First 5 years. If the Form 990 is for th	•	,	ourth, or fifth tax v	ear as a section 5		
	organization, check this box and stop			•			
Sec	tion C. Computation of Publi	_					
14	Public support percentage for 2023 (li	ne 6, column (f), di	ivided by line 11, c	olumn (f))		14	99.24 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	98.58 %
	33 1/3% support test - 2023. If the c					ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	rganization did no	t check a box on l				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio		-	•			
			,	, ,, 11-2	,		/Farm 000\ 0002

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

(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.)

Se	etion A. Public Support	clow, picase comp	oicic i air ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			I	T	T	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
	Add lines 10a and 10b Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's fi	ret second third	fourth or fifth tax	Vear as a section F	501(c)(3) organizatio	n
•	check this box and stop here	•		•	•	. , . ,	•
Se	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

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INC. DBA GLOBAL REFUGE

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.
- 10a 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 line 10b below.
 - b 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
1		
2		
3a		
Sa		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
8		
9a		
0.		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2023

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ı uı	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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 provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	1 1	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
b	Did the activities described on line 2a, above, 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	OL		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		
	ULIES SUDJULIEU UTURITIZATURE IT "YES" "GESCRIBE IN FALL VI the role played by the organization in this regard	- 50		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	Type III supporting orga	nization (see
	instructions).	, 5	,. ,, , , , , , , , , , , , , , , , , ,	•

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)				
<u>Secti</u>	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity	nizations, in excess of income from activity inistrative expenses paid to accomplish exempt purposes of supported organizations						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	1	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the							
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	<u> </u>		10				
Secti	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2023			ıs	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
<u>a</u>	From 2018							
<u>b</u>	From 2019							
c	From 2020							
d	From 2021							
<u>e</u>	From 2022							
f	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
<u> i </u>	Carryover from 2018 not applied (see instructions)							
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
<u>e</u>	Excess from 2023							

Part VI 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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS REVENUE
2019 AMOUNT: \$ 85,314.
2020 AMOUNT: \$ 52,356.
2021 AMOUNT: \$ 67,837.
2022 AMOUNT: \$ 2,223.
2023 AMOUNT: \$ 61,047.

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

LUTHERAN IMMIGRATION & REFUGEE SERVICE,

INC. DBA GLOBAL REFUGE

13-2574854

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization
LUTHERAN IMMIGRATION & REFUGEE SERVICE,
INC. DBA GLOBAL REFUGE

Employer identification number

13-2574854

Part I	Contributors (see instructions). Use duplicate copies of Part I i		1.0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

LUTHERAN IMMIGRATION & REFUGEE SERVICE,

INC. DBA GLOBAL REFUGE

13-2574854

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023) Page **4**

Employer identification number Name of organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC. DBA GLOBAL REFUGE 13-2574854 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nam	ne of organization LUTHERAN IN	MMIGRATION & REFUGEE SERVI	CE,	1	Employer identification number
		LOBAL REFUGE			13-2574854
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527	7 organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)		
1 2 3 4a b Pa 1 2 3 4	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? of "Yes," describe in Part IV.	incurred by the organization under incurred by organization managers in 4955 tax, did it file Form 4720 for anization is exempt under by the filing organization for section is funds contributed to othe and 2. Enter here and 1120-POL for this year? Included the including incl	section 4955 s under section 4955 r this year? section 501(c), e on 527 exempt functio r organizations for section I on Form 1120-POL, of all section 527 polit rom the filing organization	except section 50 In activities Ition 527 Itical organizations to tion's funds. Also ent	Yes No Yes No O1(c)(3).
	political action committee (PAC). If a (a) Name	additional space is needed, provide (b) Address	e information in Part IV	(d) Amount paid fr filing organization funds. If none, enter	's contributions received and

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

	rt II-A Complete if the organi section 501(h)).	zation is exer		n 501(c)(3) and file	d Form 5768 (ele	ection under		
	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). Check if the filing organization checked box A and "limited control" provisions apply.							
В		n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals		
	Total lobbying expenditures to influence	e nublic opinion (grassroots lobbying)					
	Total lobbying expenditures to influence		to Addition at the leader of the self-					
	c Total lobbying expenditures (add lines 1a and 1b)							
	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (ac							
	f _Lobbying nontaxable amount. Enter the amount from the following table in both columns.							
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			ount is:				
	not over \$500,000,	20% of	the amount on line 1e					
	over \$500,000 but not over \$1,000,000	, \$100,00	00 plus 15% of the exc	ess over \$500,000.				
	over \$1,000,000 but not over \$1,500,0	00, \$175,00	00 plus 10% of the exc	ess over \$1,000,000.				
	over \$1,500,000 but not over \$17,000,	000, \$225,00	00 plus 5% of the exce	ss over \$1,500,000.				
	over \$17,000,000,	\$1,000,	000.					
g	Grassroots nontaxable amount (enter 2	5% of line 1f)						
h	Subtract line 1g from line 1a. If zero or	less, enter -0-						
i	Subtract line 1f from line 1c. If zero or I	ess, enter -0						
j	If there is an amount other than zero or	n either line 1h or	line 1i, did the organiz	ation file Form 4720				
	reporting section 4911 tax for this year	?				Yes No		
	(Some organizations that r	nade a section 5 See the separ	ate instructions for li	have to complete all ones 2a through 2f.)	f the five columns b	elow.		
		Lobbying Expe	nditures During 4-Ye	ar Averaging Period				
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
с	Total lobbying expenditures							
	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
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?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?	<u> </u>	Х	<u> </u>	20.400
	Mailings to members, legislators, or the public?	X			38,488.
	Publications, or published or broadcast statements?	X	x		12,829.
Ť	Grants to other organizations for lobbying purposes?	x	^		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			57,732. 19,244.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		x		19,244.
					128,293.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		x		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
_	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).		-		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		• •		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1	 	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).		_		
	Current year				
	Carryover from last year				
C	Total		١ ۵		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	Ullicai	4		
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II	-A. lines 1 a	nd 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	(000	
	II-B, LINE 1, LOBBYING ACTIVITIES:				
LIRS	PERIODICALLY PAYS STAFF TO DRAFT LETTERS TO BE SIGNED BY EXECUTIVE				
DIRE	CTORS OF OTHER VOLUNTARY AGENCIES AND RELIGIOUS LEADERS. LIRS				
PERI	ODICALLY PAYS STAFF AND REQUESTS VOLUNTEERS TO MEET AND/OR PLACE				
TELE	PHONE CALLS TO MEMBERS OF CONGRESS AND THEIR STAFF, AND/OR				
OFFI	CIALS OF THE EXECUTIVE BRANCH, WITH VIEWS ON IMMIGRATION LAW,				. 000) 0000

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

LUTHERAN IMMIGRATION & REFUGEE SERVICE.

INC. DBA GLOBAL REFUGE

Employer identification number 13-2574854

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Sim	ilar Funds or Ad	ccour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised fu	ınds	(b) Fun	ids and other accounts
1	Total number at end of year	. ,				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		held i	n donor advised fund	ds	
	are the organization's property, subject to the organization's	~				Yes No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes" c	n Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	/)			
	Preservation of land for public use (for example, recreated	tion or education)	P	reservation of a histo	orically	important land area
	Protection of natural habitat		P	reservation of a cert	ified his	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ributio	n in the form of a co	nserva	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a		2c	
d	Number of conservation easements included on line 2c acqui					
	on a historic structure listed in the National Register				2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r term	inated by the organ	ization	during the tax
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and e	nforcing conservation	on ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enford	cing conservation ea	semen	ts during the year
_						
8	Does each conservation easement reported on line 2d above					
_	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	lote to the organization	n's tin	anciai statements th	at desc	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Ti	reas	ures, or Other S	imila	r Assets.
	Complete if the organization answered "Yes" on Form			,		
1a	If the organization elected, as permitted under FASB ASC 95		evenu	e statement and bal	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	•				
b	If the organization elected, as permitted under FASB ASC 95				e sheet	works of
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items.	,				,
	(i) Revenue included on Form 990, Part VIII, line 1					\$
						\$
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1					\$
	Assets included in Form 990, Part X					\$

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

Pai	t III Organizations Maintaining Coll	ections of Art	t, Histor	ical Tre	asures, or	Other 9	Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession,	and other records	s, check a	ny of the f	ollowing that	make sigr	nificant us	e of its		
	collection items (check all that apply).									
а	Public exhibition	d	I 🔲 Lo	an or exc	hange progra	m				
b	Scholarly research	е	Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maint								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange		te if the or	ganization	answered "Y	es" on Fo	rm 990, F	Part IV, lii	ne 9, or	
	reported an amount on Form 990, Part X	, line 21.								
1a	Is the organization an agent, trustee, custodian,	or other intermed	diary for co	ntribution	s or other ass	sets not in	cluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII and									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on Form	n 990, Part X, line	21, for esc	crow or cu	istodial accou	ınt liability	?	L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII. Ch									
Pai	t V Endowment Funds Complete if the						. Ti			
	 	a) Current year	(b) Prid	or year	(c) Two year	s back (c	1) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current		e (line 1g, d	column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possession	on of the organiza	ition that a	re held ar	nd administere	ed for the			Γ,	Yes No
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	-
	If "Yes" on line 3a(ii), are the related organization								3b	
4 Par	Describe in Part XIII the intended uses of the org		wment tun	as.						
ı aı	Complete if the organization answered "		Part IV	ne 11a S	ee Form 99∩	Part X lir	ne 10			
					T				(al) De ale	
	Description of property	(a) Cost or o basis (investn		basis	or other		cumulated eciation	'	(d) Book	value
	Land	Daois (investin		54313	(53161)	асрі	Solution			
_	Land									
b	Buildings				318,564.		135,3	37	1	183,227.
q	Leasehold improvements			1	,658,314.		818,5			339,800.
	Equipment Other				, ,		,-			,
	. Add lines 1a through 1e. (Column (d) must equa	J Form 000 De-t	V line 10-	ook:m:	/D))				1 (023,027.
. Jia	i , iaa iii oo ta ii ii ougit to. [Coluffifi (a) fflust eaua	arronni 990. Part	A. IIIIE TUC	. coluttifi	الالاما				-, -	,

INC. DBA GLOBAL REFUGE

Part VII Investments - Other Securities			r age o
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (-6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the experiencies appropriate appropriate in the experience of the experie			
Complete if the organization answered "Yes" of a) Description of liability	on Form 990, Part IV, line	THE OF THE SEE FORM 990, Part A, IINE 25.	(b) Book value
			(b) DOOK VAIUE
(1) Federal income taxes (2) OPERATING LEASE LIABILITIES			163,291.
(E)			103,231.
<u>(3)</u>			
(5) (6)			
() (7)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col	(R))		163,291.
2. Liability for uncertain tax positions. In Part XIII, provide	` "		
organization's liability for uncertain tax positions. In Part XIII, provide			_

Complete if the organization answered "Yes" on Form 990, Part IV, line				
1 Total revenue, gains, and other support per audited financial statements			1	236,760,729.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments		3,910,160.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	89,017.		
e Add lines 2a through 2d			2e	3,999,177.
3 Subtract line 2e from line 1			3	232,761,552.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,128.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	67,128.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	232,828,680.
Part XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements			1	230,814,266.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a Donated services and use of facilities	2a			
, , , , , , , , , , , , , , , , , , , ,				
Other losses d Other (Describe in Part XIII.)		661,417.		
e Add lines 2a through 2d			2e	661,417.
3 Subtract line 2e from line 1			3	230,152,849.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,128.		
b Other (Describe in Part XIII.)		,		
A 1115 A 141			4c	67,128.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	230,219,977.
Part XIII Supplemental Information				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2:			; Paπ X, I	ine 2; Part XI,
LIRS RECOGNIZES OR DERECOGNIZES TAX POSITIONS ON A "MORE LIKEL"	Y THAN NOT"			
THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TO	AKEN IN A			
TAX RETURN. LIRS HAS REVIEWED THE TAX POSITIONS TAKEN FOR EACH	OF THE OPEN			
TAX YEARS (2020-2022) OR EXPECTED TO BE TAKEN IN LIRS'S 2023 TA	AX RETURN			
AND HAS CONCLUDED IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS. A	ACCORDINGLY,			
NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING	G FINANCIAL			
STATEMENTS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
RELATED ENTITY REVENUE NOT INCLUDED ON FORM 990	89.017.			
	, •			

LUTHERAN IMMIGRATION & REFUGEE SERVICE,

Dort VIII Complemental Information	Page 5
Schedule D (Form 990) 2023 INC. DBA GLOBAL REFUGE Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES OF RELATED ENTITIES NOT INCLUDED ON FORM 990 661,417.	
The state of the s	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

LUTHERAN IMMIGRATION & REFUGEE SERVICE,

2023

Open to Public Inspection

Employer identification number

INC. DBA GLOBA	AL REFUGE						13-2574854
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$			1		(f) Method of		T
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
a. 170 DV . 171 DV .							
CANOPY NW ARKANSAS 2925 N OLD MISSOURI RD							
FAYETTEVILLE AR 72703-4412	81-1305235	E01/G\/3\	1,271,941.	0.			REFUGEE RESETTLEMENT
FAIETIEVIDDE, AR 72703-4412	01-1303233	501(0/(3/	1,2/1,941.	0.			REFUGEE RESEITHEMENT
CATHOLIC CHARITIES OF THE DIOCESE							
OF WILMINGTON - 2601 W 4TH STREET							CHILDREN AND FAMILY
- WILMINGTON, DE 19805	51-0095439	501(C)(3)	83,742.	0.			SERVICES
,			,				
CATHOLIC CHARITIES OF THE DIOCESE							
OF BATON ROUGE - PO BOX 1668 -							
BATON ROUGE, LA 70808	72-0590685	501(C)(3)	381,639.	0.			CHILDREN SERVICES
CATHOLIC CHARITIES OF THE							
ARCHDIOCESE OF GALVESTON-HOUSTON -							
2900 LOUISIANA STREET - HOUSTON,							CHILDREN AND FAMILY
TX 77006-3435	74-1109733	501(C)(3)	324,019.	0.			SERVICES
CATHOLIC CHARITIES OF LOS ANGELES,							CHILDREN AND FAMILY
INC 1531 JAMES M. WOOD BLVD - LOS ANGELES CA 90015	95-1690973	E01/G\/3\	565,946.	0.			SERVICES
LOS ANGELES, CA 90015	95-1690973	501(C)(3)	565,946.	0.			SERVICES
CATHOLIC CHARITIES OF LOUISVILLE							
2222 W. MARKET ST.							
LOUISVILLE, KY 40212	61-1239600	501(C)(3)	215,011.	0.			CHILDREN SERVICES
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th			ı	1	50.
3 Enter total number of other organizations	-	-					
For Denominal Deduction Act Notice and the							Cala adula I (Farma 000) 0000

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

INC. DBA GLOBAL REFUGE 13-2574854 Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CATHOLIC CHARITIES OF THE								
ARCHDIOCESE OF NEWARK - 590 NORTH							CHILDREN AND FAMILY	
7TH STREET - NEWARK, NJ 07107-2522	22-2164120	501(C)(3)	160,857.	0.			SERVICES	
THE STREET NEMBER, NO COLOR ESEE	22 2101120	301(0)(3)	100,037.	•				
CATHOLIC CHARITIES OF SOUTHWEST								
KANSAS - 906 CENTRAL AVENUE -							CHILDREN AND FAMILY	
DODGE CITY, KS 67801	48-0697602	501(C)(3)	97,795.	0.			SERVICES	
CATHOLIC CHARITIES OF SOUTHWEST								
OHIO - ARCHDIOCESE OF CINCINNATI								
7162 READING ROAD, SUITE 600 -								
CINCINNATI, OH 45237	31-0536968	501(C)(3)	190,434.	0.			CHILDREN SERVICES	
CATHOLIC CHARITIES OF TENNESSEE								
2806 MCGAVOCK PIKE				_				
NASHVILLE, TN 37214	62-0679520	501(C)(3)	160,690.	0.			CHILDREN SERVICES	
GUARLOMME GENMER FOR LEGAL								
CHARLOTTE CENTER FOR LEGAL							CHILDREN AND HANTLY	
ADVOCACY - 1431 ELIZABETH AVE -	56-1202940	E01/G\/2\	133,184.	0.			CHILDREN AND FAMILY SERVICES	
CHARLOTTE, NC 28204	30-1202940	501(C)(3)	133,164.	0.			SERVICES	
CHRIS 180								
1017 FAYETTEVILLE RD, SOUTHEAST								
ATLANTA, GA 30316	58-1430183	501(C)(3)	8,934,129.	0.			CHILDREN SERVICES	
,			, , ,	-				
COMMUNITY LEGAL CENTER								
80 MONROE AVENUE, SUITE 415							CHILDREN AND FAMILY	
MEMPHIS, TN 38103-5406	62-1558575	501(C)(3)	172,526.	0.			SERVICES	
CREATIVE SOLUTIONS FOR KIDS &								
FAMILIES - 1405 SPRUCE STREET,								
SUITE A - RIVERSIDE, CA 92507	20-2882315	501(C)(3)	2,728,495.	0.			CHILDREN SERVICES	
ETHIOPIAN TEWAHEDO SOCIAL SERVICES								
4300 EAST BROAD STREET, SUITE D		F04 (7) (2)	000	_			RESETTLEMENT AND	
WHITEHALL, OH 43213-1243	20-3525591	POI(C)(3)	883,555.	0.			INTEGRATION SERVICES	

Schedule I (Form 990) INC. DBA GLOBAL REFUGE 13-2574854

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ICNA RELIEF USA PROGRAMS, INC.											
1529 JERICHO TURNPIKE NEW HYDE PARK, NY 11040	04-3810161	501(C)(3)	1,113,761.	0.			REFUGEE RESETTLEMENT				
KENNEDY KRIEGER 707 NORTH BROADWAY											
BALTIMORE, MD 21205	52-1524965	501(C)(3)	141,461.	0.			TRANSITIONAL FOSTER CARE				
LUTHERAN FAMILY SERVICES OF NEBRASKA - 124 SOUTH 24TH STREET, SUITE 230 - OMAHA, NE 68102-1226	23-7267972	501(C)(3)	2,948,582.	0,			CHILDREN AND FAMILY SERVICES; RESETTLEMENT AND INTEGRATION SERVICES				
LUTHERAN FAMILY SERVICES OF THE CAROLINAS - PO BOX 2369 - SALISBURY, NC 28145-2369	56-1286323	501(C)(3)	12,008,515.	0.			CHILDREN SERVICES				
LUTHERAN FAMILY SERVICES OF VIRGINIA - 2609 MCVITTY ROAD - ROANOKE, VA 24018	54-1222012	501(C)(3)	4,027,314.	0.			CHILDREN SERVICES				
LUTHERAN FAMILY SERVICES OF ROCKY MOUNTAINS - 363 S. HARLAN STREET, #200 - DENVER, CO 80226-3556	84-0775550	501(C)(3)	6,434,326.	0.			CHILDREN SERVICES				
LUTHERAN SERVICES FLORIDA 3625A WEST WATERS AVENUE TAMPA, FL 33614-2783	59-2198911	501(C)(3)	5,907,949.	0.			CHILDREN SERVICES				
LUTHERAN SOCIAL SERVICE OF MINNESOTA - 2414 PARK AVENUE - MINNEAPOLIS, MN 55404	41-0872993	501(C)(3)	3,907,038.	0.			CHILDREN AND FAMILY SERVICES; RESETTLEMENT AND INTEGRATION SERVICES				
LUTHERAN SOCIAL SERVICES OF METROPOLITAN NEW YORK - 475 RIVERSIDE DRIVE, SUITE 1244 - NEW				0.							
YORK, NY 10115-0046	13-2658548	DOT(C)(2)	1,024,148.	0.			CHILDREN SERVICES				

Schedule I (Form 990)

INC. DBA GLOBAL REFUGE 13-2574854 Schedule I (Form 990)

(a) Name and address of	/L\ =\\	(a) IDO anation	(4) Amazount of	(-) A	(f) \ \ (a+la a d a f	(a) Description of	(la) Di uma a a a f aucust
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF							
MICHIGAN - 8131 EAST JEFFERSON -							
DETROIT, MI 48214-2691	38-1360553	501(C)(3)	7,912,889.	0.			REFUGEE RESETTLEMENT
LUTHERAN SOCIAL SERVICES OF	30 1300333	501(0)(3)	7,512,005.	٠.			KEFOGEE KESETIDEMENT
NORTHEASTERN FLORIDA - 4615							
PHILIPS HIGHWAY - JACKSONVILLE, FL							RESETTLEMENT AND
32207-7265	59-1965600	501/01/31	1,731,736.	0.			INTEGRATION SERVICES
32207-7203	39-1903000	501(0)(3)	1,731,730.	0.			INTEGRATION SERVICES
LUTHERAN SOCIAL SERVICES OF SOUTH							
DAKOTA - 705 E 41ST STREET, SUITE							RESETTLEMENT AND
200 - SIOUX FALLS, SD 57105-6048	46-0224731	501 (C) (3)	607,624.	0.			INTEGRATION SERVICES
200 BIGGN INDED, BB 37103 0040	40 0224731	301(0)(3)	007,024.	••			ASYLUM SERVICES; CHILDRE
LUTHERAN SOCIAL SERVICES OF THE							AND FAMILY SERVICES;
SOUTHWEST - 2502 E. UNIVERSITY							RESETTLEMENT AND
DRIVE, STE 125 - PHOENIX, AZ 85034	86-0252302	501(C)(3)	3,869,064.	0.			INTEGRATION SERVICES
LUTHERAN SOCIAL SERVICES OF	00 0132302	301(3)(3)	3,003,001.	•			INTERMITEN BERVIOLE
WISCONSIN AND UPPER MICHIGAN -							
P.O. BOX 88736 - MILWAUKEE, WI							
53288-0736	39-0816846	501(C)(3)	2,220,439.	0.			REFUGEE RESETTLEMENT
MOHAWK VALLEY RESOURCE CENTER FOR							
REFUGEES - 201 BLEECKER ST -							RESETTLEMENT AND
UTICA, NY 13501-2210	16-1158764	501(C)(3)	1,249,116.	0.			INTEGRATION SERVICES
•			, ,				
MOSAIC FAMILY SERVICES							
4144 NORTH CENTRAL EXPRESSWAY							
DALLAS, TX 75204-2105	75-2484565	501(C)(3)	180,757.	0.			CHILDREN SERVICES
NORTHERN VIRGINIA FAMILY SERVICES							
10455 WHITE GRANITE DR, STE 100							CHILDREN AND FAMILY
OAKTON, VA 22124	54-0791977	501(C)(3)	232,006.	0.			SERVICES
REFUGEE SERVICES OF TEXAS							
9241 LBJ FREEWAY, SUITE 210							
DALLAS, TX 75243-3447	75-1618251	501(C)(3)	699,337.	0.			CHILDREN SERVICES

Schedule I (Form 990)

Schedule I (Form 990) INC. DBA GLOBAL REFUGE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) SAN FERNANDO OUTREACH CENTER 1109 CORONEL STREET SAN FERNANDO, CA 91340 95-1684078 501(C)(3) 89,063 0. REFUGEE RESETTLEMENT UPBRING CHILDREN AND FAMILY 8305 CROSS PARK DRIVE SERVICES: RESETTLEMENT AUSTIN, TX 78754 32-0515615 501(C)(3) 316,112 0 AND INTEGRATION SERVICES BETHANY CHRISTIAN SERVICES OF CHILDREN AND FAMILY MICHIGAN - 901 EASTERN AVENUE NE SERVICES: RESETTLEMENT GRAND RAPIDS, MI 49501 38-3542119 501(C)(3) 49,476,074 0. AND INTEGRATION SERVICES THE WOMEN'S BUILDING ATTN: ACCOUNTING DEPT. 3543 18TH CHILDREN AND FAMILY SAN FRANCISCO, CA 94110 94-1730620 501(C)(3) 0 SERVICES 855,954, CATHOLIC CHARITIES OF BALTIMORE. ESPERANZA CENTER - 430 S. BROADWAY CHILDREN AND FAMILY SERVICES - BALTIMORE, MD 21231 52-0591538 501(C)(3) 0. 326,421, CRITTENTON SERVICES FOR CHILDREN & FAMILIES - 801 E. CHAPMAN, SUITE 203 - FULLERTON CA 92831 95-2492427 501(C)(3) 0. REFUGEE RESETTLEMENT 11,875. LUTHERAN SERVICES IN AMERICA 100 MARYLAND AVE. NE SUITE 500 WASHINGTON DC 20002 36-3304707 501(C)(3) 17 083 204 0. CHILDREN SERVICES DIAKON CHILD FAMILY & COMMUNITY MINISTRIES - 1 S HOME AVE -TOPTON, PA 19562 46-5390969 501(C)(3) 208,445. 0. REFUGEE RESETTLEMENT LUTHERAN MINISTRIES OF GEORGIA ATTN: JOHN SHEREIKIS 756 WEST PEACHTREE ST., N.W - ATLANTA, GA CHILDREN AND FAMILY SERVICES 30308 501(C)(3) 8 055 152. 0.

Schedule I (Form 990)

13-2574854

13-2574854

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SERVICES IN IOWA							CHILDREN AND FAMILY
3125 COTTAGE GROVE AVENUE							SERVICES; RESETTLEMENT
DES MOINES, IA 50311-3809	42-0698267	501(C)(3)	3,382,973.	0.			AND INTEGRATION SERVICES
JOINT DEVELOPMENT ASSOCIATES			, , , -				
INTERNATIONAL, INC - 2695							
PATTERSON RD, UNIT 2 #188 - GRAND							
JUNCTION, CO 81506	84-1286934	501(C)(3)	112,450.	0.			REFUGEE RESETTLEMENT
JEWISH VOCATIONAL SERVICE							
4600 THE PASEO, KANSAS CITY	43-0984198	E01/C\/2\	227 727	0.			TRANSITIONAL FOSTER CARE
KANSAS CITY, MO 64110-1826	43-0904190	501(C)(3)	327,737.	0.			TRANSITIONAL FOSTER CARE
KENNEDY-DONOVAN CENTER, INC							
ONE COMMERCIAL STREET							
FOXBORO, MA 02035	04-2519028	501(C)(3)	53,255.	0.			TRANSITIONAL FOSTER CARE
LUTHERAN SOCIAL SERVICES OF NEW							
ENGLAND - 14 EAST WORCESTER							
STREET, SUITE 300 - WORCESTER, MA							
01604	06-1272794	501(C)(3)	4,437,116.	0.			CHILDREN SERVICES
			, , , -				
BALTIMORE IMMIGRATION AND REFUGEE							
SERVICE - 3516 EASTERN AVENUE -							CHILDREN AND FAMILY
BALTIMORE, MD 21224		501(C)(3)	6,719.	0.			SERVICES
LUTHERAN FAMILY SERVICES OF OREGON							
& SW WASHINGTON - MULTICULTURAL							
COMMUNITY SERVICES 605 S. E. 39TH							CHILDREN AND FAMILY
AVENUE - PORTLAND, OR 97214-3298		501(C)(3)	4,865,009.	0.			SERVICES
REFUGEE AND IMMIGRANT SERVICES &							
EDUCATION - PO BOX 866 - NOEL, MO							
64854	82-1779829	501/C\/3\	562,503.	0.			REFUGEE RESETTLEMENT
02003	02-1113029	001(0/(0/	302,303.	0.			KELOGEE KESELIHEMENI
			1			1	

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2023

Part III

INC. DBA GLOBAL REFUGE 13-2574854

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 0 GIFT CARDS AND FINANCIAL ASSISTANCE 570 3,231,057. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: LIRS HAS A WELL-DEFINED SYSTEM OF CONTROLS TO ENSURE SUB-RECIPIENTS USE GRANT FUNDS AS EXPECTED. INITIALLY, SUB-RECIPIENTS SUBMIT PROPOSED BUDGETS THAT ARE REVIEWED IN RELATION TO THE DELIVERABLES. AND APPROVED BEFORE SUB-AWARDS ARE ISSUED. ON A MONTHLY BASIS, REIMBURSEMENT REQUESTS ARE REVIEWED FOR REASONABLENESS AND IN RELATION TO THE BUDGETS BEFORE REIMBURSEMENTS ARE MADE. PARTNER AUDITS PREPARED IN COMPLIANCE WITH THE UNIFORM GUIDANCE ARE SUBMITTED ANNUALLY AND RECONCILED TO THE FINANCIAL RECORDS OF LIRS, AND LIRS FOLLOWS UP ON ANY SIGNIFICANT FINDINGS IN THOSE

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

LUTHERAN IMMIGRATION & REFUGEE SERVICE,

INC. DBA GLOBAL REFUGE

Employer identification number 13-2574854

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			l
	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)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
a	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
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section E01(a)(2) E01(a)(4) and E01(a)(00) aggregations must complete lines E.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
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:			l
•		5a		Х
	The organization? Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.	0.5		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
•	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		х
	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 payments			l
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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	J-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISH O'MARA VIGNARAJAH	(i)	502,068.	100,307.	0.	26,948.	13,644.	642,967.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0,
(2) LEE WILLIAMS	(i)	250,398.	22,357.	0.	23,283.	28,017.	324,055.	0,
VICE PRES PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) F. ANDREW PEPITO	(i)	244,999.	42,757.	0.	24,459.	2,450.	314,665.	0,
CFO	(ii)	0.	0.	0.	0.	0.	0.	0,
(4) GERI O'DONOGHUE	(i)	205,499.	18,397.	0.	20,905.	22,501.	267,302.	0.
VICE PRES HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIN TAYLOR	(i)	182,239.	17,804.	0.	15,951.	13,139.	229,133.	0,
DIRECTOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0,
(6) MARIA MASKELL	(i)	170,133.	325.	0.	16,507.	31,610.	218,575.	0,
DIRECTOR FOR IT	(ii)	0.	0.	0.	0.	0.	0.	0,
(7) ANDREW STEELE	(i)	177,158.	16,304.	0.	12,458.	12,144.	218,064.	0,
VP DEVELOPMENT AND MOBILIZATION	(ii)	0.	0.	0.	0.	0.	0.	0,
(8) LORIE DAVIDSON	(i)	170,350.	325.	0.	17,114.	13,442.	201,231.	0.
DIR CHILDREN & FAMILY SERV	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ZHUOYING FAN	(i)	148,389.	325.	0.	15,098.	35,503.	199,315.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SABA BERHANE	(i)	144,914.	325.	0.	14,356.	11,790.	171,385.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALLISON COMO	(i)	133,101.	325.	0.	13,259.	12,584.	159,269.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MEGAN BRACY	(i)	137,985.	1,525.	0.	14,339.	2,460.	156,309.	0.
DIR REFUGEE AND MIGRANT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) VIRGINIA FITCHETT	(i)	138,632.	1,525.	0.	13,505.	2,198.	155,860.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information
rovide 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) 2023

SCHEDULE K (Form 990) Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

LUTHERAN IMMIGRATION & REFUGEE SERVICE,

INC. DBA GLOBAL REFUGE

Employer identification number 13-2574854

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	ie price	(f) Descripti	on of purpose	(g) De	feased	(h) On of iss		(i) Po finan	
								Yes	No	Yes	No	Yes	No
					7	ADVANCE REFU	NDING OF						
A MARYLAND ECONOMIC DEVELOPMENT CORP.	52-1376562	57420NOAV	07/26/07	5,9	42,546.	REVENUE BOND)S		х		Х		Х
В													ĺ
В													
С													1
D													1
Part II Proceeds													
			l l	١		В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			5	,942,546.									
4 Gross proceeds in reserve funds				476,594.									
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows			5	,828,695.									
7 Issuance costs from proceeds				113,851.									
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion													
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	ssue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding issu	ue)?			Х									
15 Were the bonds issued as part of a refunding													
issued prior to 2018, an advance refunding iss													
16 Has the final allocation of proceeds been mad			х			1			\perp		\perp		
17 Does the organization maintain adequate boo													
final allocation of proceeds?	<u></u>	<u></u>	Х										

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

Schedule K (Form 990) 2023

INC. DBA GLOBAL REFUGE

Par	t III Private Business Use								
			A	E	3	(Ç		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
_6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Par	t IV Arbitrage								
			A	E	3	(Ç	Γ	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		Х						
b	Exception to rebate?		Х						
	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		Х						

Part IV Arbitrage (continued)								
		A	E	3		Ç)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	x							
Part V Procedures To Undertake Corrective Action			•	•				
		A		3		<u></u>		,
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	x							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instr	uctions.	•	•			
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: MARYLAND ECONOMIC DEVELOPMENT CORP.								
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2017								
SCHEDULE K, PART I								
LUTHERAN IMMIGRATION AND REFUGEE SERVICE, INC. AND LUTHERAN WORLD								
RELIEF (EIN: 13-2574963), AN UNRELATED 501(C)(3) ORGANIZATION, ARE								
JOINTLY AND SEVERABLY LIABLE FOR THE BONDS AND AS SUCH, EACH HAS								
RECORDED 50% OF THE OUTSTANDING DEBT AND RELATED ISSUE COSTS ON THE								
FINANCIAL STATEMENTS, 100% OF LIABILITY AND RELATED COSTS ARE REPORTED								
ON SCHEDULE K.								
						-		
						-		
						-		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

LUTHERAN IMMIGRATION & REFUGEE SERVICE,

Employer identification number

	INC. DBA GLOBAL RE	EFUGE				13	3-257485	4	
Par	rt 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	r	Method o	(d) of determin tribution ar	_	s
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 $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (HOME FURNITURE)	Х	5	112,723.	FMV				
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organic								
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive b	-				that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	•	•	•	tions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LUTHERAN IMMIGRATION & REFUGEE SERVICE,

Employer identification number

INC. DBA GLOBAL REFUGE 13-2574854 FORM 990, PART I, LINE 1 THOSE WHO SEEK SAFETY FROM PERSECUTION; REUNITES FAMILIES TORN APART BY CONFLICT; RESETTLES REFUGEES; AND PROTECTS VULNERABLE CHILDREN WHO ARRIVE ALONE IN THE UNITED STATES, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: RECEPTION AND PLACEMENT (R&P) LIRS PROVIDES LIFE-SAVING PROTECTION AND STABILIZATION SUPPORT TO REFUGEES DURING THEIR FIRST 90 DAYS IN THE UNITED STATES. MATCHING GRANT (MG) - THIS LIRS 8-MONTH EARLY EMPLOYMENT PROGRAM IS AN ALTERNATIVE TO PUBLIC CASH ASSISTANCE. IN FISCAL YEAR 2023, 71.88% OF THE 8,815 INDIVIDUALS ENROLLED IN MATCHING GRANT WERE SELF-SUFFICIENT (EMPLOYED) ON OR BEFORE THE 240-DAY MARK. PREFERRED COMMUNITIES (PC) LIRS PROVIDED INTENSIVE CASE MANAGEMENT TO THE MOST VULNERABLE REFUGEES AND ASYLEES TO ENSURE ACCESS TO CRITICAL LIFE STABILIZING SERVICES AND RESOURCES. THIS HELPED MOVE 653 PARTICIPANTS TOWARD SELF-SUFFICIENCY IN 27 LOCATIONS. PC GAP SERVICES SERVED 1,988 CLIENTS IN 60 LOCATIONS FORM 990. PART III. LINE 4B. PROGRAM SERVICE ACCOMPLISHMENTS: LIRS PARTNERS WITH THE FEDERAL AGENCY. THE OFFICE OF REFUGEE

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE. **Employer identification number** INC. DBA GLOBAL REFUGE 13-2574854 RESETTLEMENT, STATE AND LOCAL GOVERNMENTS, AND COMMUNITY CHILD WELFARE AND REFUGEE ORGANIZATIONS TO SERVE THE BEST INTERESTS OF REFUGEE AND MIGRANT CHILDREN. LIRS PROVIDES A FULLCONTINUM OF CARE, WITH A ROBUST NATIONAL NETWORK OF PARTNERS AND DIRECT CARE STAFF LOCATED THROUGHOUT THE COUNTRY. THE CONTINUM OF CARE INCLUDED SHORT AND LONG-TERM FOSTER CARE (BASIC AND THERAPEUTIC PLACEMEMENTS), GROUP HOME CARE, AND SHELTER CARE AS WELL AS SAFE RELEASE SERVICES AND HOME STUDIES AND POST RELEASE SERVICES. LIRS LAUNCHED ITS FIRST INTERNATIONAL OFFICE IN GUATEMALA, PROVIDING CASE MANAGEMENT, CLINICAL SERVICES, AND ACCESS TO EDUCATIONAL AND VOCATIONAL SERVICES FOR YOUTH WHO HAVE BEEN RETURNED TO GUATEMALA FROM THE U.S. AND MEXICO. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: TEAMS WHO ARE MATCHED WITH REFUGEE HOUSEHOLDS TO PROVIDE STRUCTURED ONGOING SUPPORT. 2. VOLUNTEERISM TECHNICAL ASSISTANCE (TA) - SERVED AS IN-HOUSE VOLUNTEERISM AND MENTORSHIP TECHNICAL ASSISTANCE PROVIDERS TO THE AFFILIATE NETWORK AND INTERNAL PROGRAM MANAGERS. 3. EMPLOYER ENGAGEMENT WORKED WITH NATIONAL AND LOCAL COMPANIES TO BECOME "PREFERRED REFUGEE EMPLOYERS" (PRE) BY FOLLOWED A MINIMUM AMOUNT OF HIRING AND RETENTION BEST PRACTICES. 4. LIRS' RESPITE SERVICES PROGRAM OFFERS IMMEDIATE SUPPORT TO PEOPLE RECENTLY RELEASED FROM IMMIGRATION DETENTION. THE PROGRAM OPERATED IN

THREE BORDER-ADJACENT LOCATIONS AND SERVED OVER 10,554 INDIVIDUALS IN

Schedule O (Form 990) 2023 Page 2 Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE. **Employer identification number** INC. DBA GLOBAL REFUGE 13-2574854 2023. 5. LIRS' WELCOME CENTER PROGRAM OFFERS SIX MONTHS OF TRAUMA-INFORMED WRAPAROUND CASE MANAGEMENT SUPPORT TO NEWLY ARRIVED ASYLUM SEEKERS. THE PROGRAM OPERATED IN NINE LOCATIONS AND SERVED OVER 930 INDIVIDUALS IN 2023. 6. LIRS' MENTAL HEALTH PROGRAM OFFERED THERAPY AND CLINICAL CASE MANAGEMENT SERVICES TO 408 INDIVIDUALS IN 2023. IN 2023, GLOBAL REFUGE RECRUITED AND CONNECTED 1,004 NEW VOLUNTEERS AND ORIENTED 97 NEW AMBASSADORS. TOGETHER, THESE AMBASSADORS AND VOLUNTEERS FORM A NATIONAL NETWORK THAT RECEIVES, WELCOMES, HOUSES AND ACCOMPNIES NEW ARRIVALS TO THE UNITED STATES. WITH THE HELP OF FAITH COMMUNITIES AND LOCAL VOLUNTEERS, 20,000 HAND WRITTEN CARDS WERE WRITTEN THROUGH THE HOPE FOR THE HOLIDAYS PROGRAM, AND 15,000 CARDS WERE SENT TO INDIVIDUALS IN DETENTION CENTERS, AS WELL AS TO FAMILIES AND CHILDREN OF GLOBAL REFUGE'S OWN CFS PROGRAMS. GLOBAL REFUGE VOLUNTEERS AND SUPPORTIVE FAITH COMMUNITIES ALSO PACKED AND DELIVERED MORE THAN 1,500 "FRESH CHANGE" BAGS OF NEW CLOTHING FOR IMMIGRANTS LEAVING DETENTION CENTERS IN LAS CRUCES, NEW MEXICO. GLOBAL REFUGE ALSO PRODUCED AN ADVENT DEVOTIONAL AND LAUNCHED A NEW LITURGICAL RESOURCE WHICH BROUGHT THE TOPIC OF IMMIGRATION INTO CONGREGATIONS ACROSS THE COUNTRY. GLOBAL REFUGE PREACHED AND PRESENTED IN NEARLY 50 FAITH COMMUNITIES ACROSS THE COUNTRY, AND SPOKE PUBLICLY AT EDUCATIONAL AND HUMAN RIGHTS EVENTS IN SEVERAL MAJOR CITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES:

LIRS SERVICES TRAVEL LOANS ISSUED BY THE INTERNATIONAL ORGANIZATION OF

 Schedule O (Form 990) 2023
 Page 2

LUTHERAN IMMIGRATION & REFUGEE SERVICE, **Employer identification number** Name of the organization INC. DBA GLOBAL REFUGE 13-2574854 MIGRATION TO TRANSPORT LIRS-SPONSORED REFUGEES FROM THEIR ORIGINAL LOCATION TO THEIR RESETTLEMENT LOCATION IN THE UNITED STATES. COLLECTIONS FROM THESE NON-INTEREST BEARING LOANS ARE, IN PART, USED TO OFFSET LOAN SERVICING EXPENSES OF LIRS, WITH 75% OF THE COLLECTIONS RETURNED TO THE INTERNATIONAL ORGANIZATION OF MIGRATION TO REPLENISH THE LOAN FUND, WHICH FINANCES TRANSPORTATION FOR RESETTLEMENT OF FUTURE REFUGEES. LIRS NORTH DAKOTA (LIRS ND) STATE PROGRAMS REFUGEE SUPPORT SERVICES PROGRAM (RSS): RSS SUPPORTED REFUGEES AND OTHER ORR ELIGIBLE POPULATIONS GAIN ECONOMIC INDEPENDENCE BY HELPING THEM FIND AND MAINTAIN EMPLOYMENT LEADING TOWARDS ECONOMIC SELF-SUFFICIENCY AND SUCCESSFUL INTEGRATION INTO LOCAL COMMUNITIES. RSS SERVICES INCLUDED EMPLOYABILITY ASSESSMENT, TRAINING AND JOB DEVELOPMENT, JOB PLACEMENT, AND JOB MAINTENANCE. IN ADDITION, SERVICES INCLUDED REFERRALS TO ADDRESS BARRIERS TO EMPLOYMENT INCLUDING SOCIAL ADJUSTMENT, ENGLISH LANGUAGE CLASSES, DAY CARE, AS WELL AS CITIZENSHIP CLASSES AND NATURALIZATION SUPPORT. LIRS ND SERVED 459 RSS CLIENTS IN 2023. REFUGE CASH ASSISTANCE (RCA) PROGRAM: REFUGE CASH ASSISTANCE (RCA) SUPPORTED REFUGEES AND OTHER ORR ELIGIBLE POPULATIONS WITH MONTHLY CASH ASSISTANCE TO HELP INDIVIDUALS MEET THEIR BASIC NEEDS SUCH AS FOOD SHELTER, AND TRANSPORTATION, WHILST SUPPORT ELIGIBLE INDIVIDUALS TO BECOME SELF SUFFICIENT AND REDUCE DEPENDENCY ON WELFARE SERVICES BY PROVIDING CASE MANAGEMENT, ENGLISH LANGUAGE TRAINING AND EMPLOYMENT REFERALS. LIRS ND SERVED 321 RCA CLIENTS IN 2023. SERVICES FOR OLDER REFUGEES (SOR): SOR PROVIDED SUPPORT FOR ELIGIBLE REFUGEES AGED SIXTY AND OLDER AND ENSURED THEY HAVE ACCESS TO

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC. DBA GLOBAL REFUGE 13-2574854

Page 2

Employer identification number 13-2574854

APPLICABLE SERVICES FOR THE AGING. SOR SERVICES INCLUDED CASE

MANAGEMENT, TRANSPORTATION, INTERPRETATION, REFERRALS TO SUPPORTIVE

SERVICES, CONNECTION TO COMMUNITY RESOURCES, VOLUNTEER ENGAGEMENT,

SOCIAL ACTIVITIES, AND CITIZENSHIP AND NATURALIZATION PREPARATION

SERVICES FOR ELIGIBLE REFUGEE ELDERS. AND TO PROVIDE QUALIFYING

REFUGEES WITH APPROPRIATE SERVICES NOT CURRENTLY AVAILABLE IN THE

COMMUNITY. SOR SERVICES SUPPORTED OVERALL PHYSICAL AND EMOTIONAL

HEALTH, HELP INTEGRATION INTO NEW COMMUNITIES, AND SUPPORTED

INDEPENDENT LIVING. LIRS ND SERVED 40 SOR CLIENTS IN 2023.

INCREASING HEALTH EQUITY AND IMMUNIZATION RATES AMONGST NEW

AMERICANS/FOREIGN BORN/IMMIGRANT (VACCINE EQUITY): LIRS-ND ACTED AS

THE FISCAL AGENT AND COLLABORATED WITH ETHNIC COMMUNITY-BASED

ORGANIZATIONS (CBOS) WHO WORKED TO INCREASE HEALTH EQUITY AND

IMMUNIZATION RATES AMONGST NEW AMERICANS IN NORTH DAKOTA THROUGH

OUTREACH AND PUBLIC EDUCATION. LIRS ND SUPPORTED 14 CBOS IN 2023.

THE REFUGEE MENTAL HEALTH INITIATIVE: THE PROJECT SERVED MALE MEMBERS

OF THE RECENTLY ARRIVED AFGHAN COMMUNITIES IN THE FARGO AREA, PROVIDING

AN OPPORTUNITY TO ENGAGE IN SPORT AND PHYSICAL ACTIVITIES TO ENHANCE

THEIR MENTAL HEALTH AND STAY CONNECTED WITH EACH OTHER. LIRS ND SERVED

33 CLIENTS IN 2023.

REFUGEE AGRICULTURAL PARTNERSHIP PROGRAM: SUPPORTS REFUGEES AND OTHER

ORR-ELIGIBLE POPULATIONS TO IMPROVE THEIR LIVELIHOODS AND ATTAIN

ECONOMIC SELF-SUFFICIENCY THROUGH INCREASED KNOWLEDGE AND SKILLS IN

AGRICULTURE, FOOD SYSTEMS, NUTRITION AND ACCESS TO FARMER'S MARKETS.

LIRS ND SERVED 32 CLIENTS IN 2023.

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

LUTHERAN IMMIGRATION & REFUGEE SERVICE,
INC. DBA GLOBAL REFUGE

13-2574854

Employer identification number

LIRS SAN ANTONIO (LIRS SA) PROGRAMS

AMERICAN RESCUE PLAN ACT (ARPA) SUPPORT SERVICES: ADDRESS NEGATIVE

COVID-19 IMPACTS ON ECONOMIC SECURITY FOR NONCITIZENS RESIDING IN SAN

ANTONIO THROUGH THE PROVISION OF CASE MANAGEMENT AND EMPLOYMENT

SERVICES. LIRS SA SERVED 124 INDIVIDUALS 2023.

LIRS BALTIMORE AND ALEXANDRIA (LIRS MD) PROGRAMS

BALTIMORE NEW AMERICAN ACCESS COALITION (BNAAC): PROVIDES SIX-MONTH

CASE MANAGEMENT AND BENEFITS NAVIGATION TO HELP BALTIMORE CITY'S

IMMIGRANTS AND REFUGEES. LIRS MD SERVED 42 CLIENTS.

MICROENTERPRISE DEVELOPMENT: EMPOWERS REFUGEES WITH ECONOMIC INCLUSION

OPPORTUNITIES INTENDED TO FACILITATE INTEGRATION INTO THE U.S. ECONOMY.

IT PROVIDES TRAINING, TECHNICAL ASSISTANCE AS WELL AS CREDIT BUILDER

AND SMALL BUSINESS LOANS TO HELP THEM CREATE OR EXPAND THEIR OWN SMALL

BUSINESSES. LIRS SUPPORTED 27 INDIVIDUALS IN 2023 THROUGH TRAINING

AND DISTRIBUTED 8 LOANS.

INDIVIDUAL DEVELOPMENT ACCOUNT: SUPORTS REFUGEES SAVE TOWARD AN ASSET

THAT WILL HELP INCREASE FINANCIAL INDEPENDENCE. THE PROGRAM HELPS

REFUGEES UNDERSTAND WHAT ASSETS ARE, HOW THE U.S. FINANCIAL SYSTEM

WORKS, AND HOW TO MANAGE THEIR MONEY, IT MATCHES SAVINGS AT A AT

ONE-TO-ONE FOR EACH DOLLAR DEPOSITED. SAVINGS GOALS CAN BE USED TOWARDS

HOME PURCHASE, RENTAL ASSISTANCE, VOCATIONAL TRAININGS, EDUCATION,

ENTRANCE EXAM FEES, ETC. LIRS SUPPORTED 50 INDIVIDUALS IN 2023 THROUGH

TRAINING AND DISTRIBUTED 36,000 IN MATCHING FUNDS.

EXPENSES \$ 6,697,509. INCLUDING GRANTS OF \$ 2,467,843. REVENUE \$ 0.

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, **Employer identification number** INC. DBA GLOBAL REFUGE 13-2574854 EACH YEAR PRIOR TO DISTRIBUTION TO THE LIRS BOARD OF DIRECTORS, THE AUDIT COMMITTEE REVIEWS AND DISCUSSES THE DRAFT FORM 990 AFTER ITS REVIEW BY LIRS CERTIFIED PUBLIC ACCOUNTANTS. THE COMPLETED FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD FOR REVIEW AND QUESTIONS BEFORE IT IS SUBMITTED TO THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: LIRS BOARD POLICY REQUIRES ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND LIRS SENIOR MANAGERS TO IDENTIFY ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AND COMPLETE A DECLARATION OF A CONFLICT OF INTEREST STATEMENT ANNUALLY WHICH IS REVIEWED BY THE BOARD GOVERNANCE COMMITTEE. ANY DIRECTOR, OFFICER, COMMITTEE MEMBER OR SENIOR MANAGER WHO DISCLOSES A DIRECT OR INDIRECT FINANCIAL OR OTHER MATERIAL INTERESTS IN A PROPOSED OR EXISTING ARRANGEMENT WILL NOT BE ALLOWED TO BE A PART OF THE DISCUSSION OR DECISION-MAKING ON THE MATTER THAT RESULTS IN THE CONFLICT OF INTEREST. IF ANY DIRECTOR OFFICER, COMMITTEE MEMBER OR SENIOR MANAGER FAILS TO DISCLOSE A DIRECT OR INDIRECT FINANCIAL OR OTHER MATERIAL INTEREST SUBJECT TO THE POLICY, S/HE WILL BE INFORMED AND GIVEN THE OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD OR COMMITTEE OR PRESIDENT AND CEO DETERMINES THAT THE INDIVIDUAL HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST. THEY WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. FORM 990, PART VI, SECTION B, LINE 15: FOR LIRS' CEO'S COMPENSATION, AN INDEPENDENT CONSULTANT PERFORMS AN ANALYSIS ON A REGULAR BASIS USING INDEPENDENT RESEARCH WHICH CONSIDERS THE ORGANIZATION'S BUDGET, THE CURRENT COMPENSATION, AND THE NUMBER OF YEARS SERVED BY THE CEO. THE ANALYSIS USES SALARY SURVEYS THAT PROVIDE A SALARY RANGE THAT IS COMPETITIVE WITH SIMILAR NON-PROFITS IN THE SAME GEOGRAPHIC

Schedule O (Form 990) 2023 Page 2 LUTHERAN IMMIGRATION & REFUGEE SERVICE, **Employer identification number** Name of the organization INC. DBA GLOBAL REFUGE 13-2574854 AREA. THE FINDINGS ARE PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE, WHICH REVIEWS THE CONSULTANT'S REPORT IN CONJUNCTION WITH THE CEO'S PERFORMANCE AND PRESENTS A RECOMMENDATION TO THE FULL BOARD. THE FULL BOARD APPROVES THE CEO'S COMPENSATION FOR THE UPCOMING YEAR. FOR ALL OTHER LIRS STAFF POSITIONS, AN INDEPENDENT CONSULTANT PERFORMS AN ANALYSIS USING INDEPENDENT RESEARCH TO DETERMINE COMPETITIVE SALARY RANGES FOR THE VARIOUS GRADES OF POSITIONS WITHIN LIRS. THIS ANALYSIS IS COMPLETED EVERY OTHER YEAR AND THE BOARD APPROVES THE SALARY RANGES FOR ALL RESPECTIVE JOB GRADES. THE CEO SETS AND/OR APPROVES THE PARTICULAR SALARIES WITHIN THESE GRADES FOR STAFF. BOARD OFFICER POSITIONS ARE NON-STAFF, VOLUNTEER POSITIONS AND RECEIVE NO COMPENSATION. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY FORM 990, PART VI, SECTION C, LINE 19: LIRS MAKES ITS AUDITED FINANCIAL STATEMENTS, FORM 990, LIST OF CURRENT BOARD OF DIRECTORS, AND OTHER INFORMATION THAT MAY BE USEFUL IN UNDERSTANDING LIRS' VISION, MISSION, VALUES, GOALS AND ACTIVITIES AVAILABLE ON THE LIRS WEBSITE AT WWW.LIRS.ORG. THIS INFORMATION IS ALSO AVAILABLE TO THE PUBLIC UPON REQUEST. SUMMARY FINANCIAL STATEMENTS, SENIOR MANAGEMENT AND THE LIST OF CURRENT BOARD OF DIRECTORS ARE ALSO PUBLISHED IN THE ANNUAL REPORT WHICH IS DISTRIBUTED TO DONORS AND OTHER STAKEHOLDERS.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organization answered "Yes" on Form 990, Part IV, line 34, because it had one or	Name of the organization LUTHERAN IMMIGRATION INC. DBA GLOBAL REFUG	,				Er	mployer identific 13-2574854	ation n	umber
Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Lotting and the state of foreign country) Lotting and a state of foreign country and the state of foreign country and the state of foreign country and foreign cou	Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Lotting and the state of foreign country) Lotting and a state of foreign country and the state of foreign country and the state of foreign country and foreign cou	(a)	(b)	(c)	(d)	(e)			f)	
(a) Name, address, and EIN of related organization LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230 MARYLAND (b) CC) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Sol1(c)(3) Exempt Code section Sol1(c)(3) Direct controlling entity Yes No MARYLAND X MARYLAND MARYLAND MARYLAND Sol1(C)(3) LINE 12A, I X MARYLAND M	Name, address, and EIN (if applicable)		Legal domicile (state of			assets	Direct co	ontrollin	g
(a) Name, address, and EIN of related organization LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230 MARYLAND (b) CC) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Sol1(c)(3) Exempt Code section Sol1(c)(3) Direct controlling entity Yes No MARYLAND X MARYLAND MARYLAND MARYLAND Sol1(C)(3) LINE 12A, I X MARYLAND M									
(a) Name, address, and EIN of related organization LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230 MARYLAND (b) CC) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Sol1(c)(3) Exempt Code section Sol1(c)(3) Direct controlling entity Yes No MARYLAND X MARYLAND MARYLAND MARYLAND Sol1(C)(3) LINE 12A, I X MARYLAND M									
(a) Name, address, and EIN of related organization LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230 MARYLAND (b) CC) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Sol1(c)(3) Exempt Code section Sol1(c)(3) Direct controlling entity Yes No MARYLAND X MARYLAND MARYLAND MARYLAND Sol1(C)(3) LINE 12A, I X MARYLAND M									
(a) Name, address, and EIN of related organization LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230 MARYLAND (b) CC) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Sol1(c)(3) Exempt Code section Sol1(c)(3) Direct controlling entity Yes No MARYLAND X MARYLAND MARYLAND MARYLAND Sol1(C)(3) LINE 12A, I X MARYLAND M									
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Yes No LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230 MARYLAND MARYL	Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one o	r more	e related tax-exen	npt	
LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230 MARYLAND MARYL	Name, address, and EIN	1	Legal domicile (state or	Exempt Code	Public charity	Dire	ect controlling	cont	rolled
700 LIGHT STREET BALTIMORE, MD 21230 MARYLAND 501(C)(3) LINE 12A, I X NEW AMERICAN COMMUNITY LENDING CORPORATION - 88-3474687, 700 LIGHT STREET, BALTIMORE, MD					501(c)(3))			Yes	No
BALTIMORE, MD 21230 NEW AMERICAN COMMUNITY LENDING CORPORATION - 88-3474687, 700 LIGHT STREET, BALTIMORE, MD	LUTHERAN CENTER CORPORATION - 52-2055143								
NEW AMERICAN COMMUNITY LENDING CORPORATION - 88-3474687, 700 LIGHT STREET, BALTIMORE, MD									
88-3474687, 700 LIGHT STREET, BALTIMORE, MD			MARYLAND	501(C)(3)	LINE 12A, I				X
		1							
21230 MARYLAND 501(C)(3) LINE 12A, I X	·	-							
	21230		MARYLAND	501(C)(3)	LINE 12A, I				X

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

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	amount in box 20 of Schedule		Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	tion b)(13) rolled tity?
		country)		0		400010		Yes	No
NEW AMERICAN CAREERS, INC 93-3141777 700 LIGHT STREET	REFUGEE EMPLOYMENT								
BALTIMORE, MD 21230	SERVICES	MD		C CORP	0.	307,270.	100%		X
	-								
-	-								
	-								
-	-								

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

Page 3

Yes No

art V	Transactions With Related Organizations.	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 34, 35b, or 36
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1	During the tax year, did the organization engage in any of the following transactions with one or	more re	lated organizations listed in	n Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)								
	e Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)				1f		Х		
g	g Sale of assets to related organization(s)				1g		Х		
h	h Purchase of assets from related organization(s)				1h		Х		
i	i Exchange of assets with related organization(s)				1i		Х		
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	nplete th	is line, including covered re	elationships and transaction thresholds.					
	(a) (b) Name of related organization Transact type (a)		(c) Amount involved	(d) Method of determining amount invo	olved				
1)									
2)									
3)									
4)									
5)									
 6)									

13-2574854

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

332165 09-28-23 Schedule R (Form 990) 2023