Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

**A For the 2025 calendar year, or tax year beginning 01-01-2025 , and ending 12-31-2025**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
LUTHERAN IMMIGRATION & REFUGEE SERVICE
INC DBA GLOBAL REFUGE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
700 LIGHT STREET

City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 212303850

**D Employer identification number**
13-2574854

E Telephone number
(410) 230-0700

**G** Gross receipts $ 170,458,247

**F** Name and address of principal officer:
COSTAS DOUMAS
700 LIGHT STREET
BALTIMORE,MD 212303850

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

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

**H(c)** Group exemption number

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

**J Website:** WWW.LIRS.ORG

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: 1966

**M** State of legal domicile: MD

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:
LIRS WORKS TO CREATE WELCOME FOR MIGRANTS AND REFUGEES. ADVOCATES FOR AND HELPS (CONT'D ON SCH O)

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 17 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 17 |
| **5** | Total number of individuals employed in calendar year 2025 (Part V, line 2a) | **5** | 833 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 17 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, Part I, line 11 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 300,344,063 | 166,047,857 |
| **9** | Program service revenue (Part VIII, line 2g) | 1,477,607 | 2,112,998 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 2,474,486 | 2,216,057 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 81,335 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 304,296,156 | 170,458,247 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 213,729,293 | 94,149,096 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 70,054,019 | 60,532,134 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) 2,575,473 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 18,419,395 | 10,782,270 |
| **18** | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 302,202,707 | 165,463,500 |
| **19** | Revenue less expenses. Subtract line 18 from line 12 | 2,093,449 | 4,994,747 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 111,893,746 | 97,107,295 |
| **21** | Total liabilities (Part X, line 26) | 44,787,388 | 19,811,075 |
| **22** | Net assets or fund balances. Subtract line 21 from line 20 | 67,106,358 | 77,296,220 |

## Part II Signature Block

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

**Sign Here**

Signature of officer
COSTAS DOUMAS CFO
Type or print name and title

2026-08-13
Date

**Paid Preparer Use Only**

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name | Preparer's signature | Date 2026-08-11 | Check ☐ if self-employed | PTIN P00746867 |
| Firm's name TAIT WELLER & BAKER LLP | | | Firm's EIN 23-1144520 | |
| Firm's address 50 SOUTH 16TH STREET SUITE 2900 PHILADELPHIA, PA 19102 | | | Phone no. (215) 979-8800 | |

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses $ 32,170,777 including grants of $ 22,776,832 ) (Revenue $ )

RESETTLEMENT: IN 2025, LIRS RESETTLED 7,784 REFUGEES, UNACCOMPANIEDREFUGEE MINORS AND SIVS (AFGHAN SPECIAL IMMIGRANT VISAS WHO SERVEDOVERSEAS ALONGSIDE THE US ARMED FORCES) FROM 44 COUNTRIES THROUGH ITSNETWORK OF LOCAL SOCIAL MINISTRY ORGANIZATIONS IN 78 LOCATIONS ACROSSTHE UNITED STATES, PREPARING A PLACE OF WELCOME TO MEET THE PARTICULARNEEDS OF THE REFUGEES AND ENGAGING LOCAL CHURCHES AND COMMUNITIES TOASSIST REFUGEES TO BECOME SELF-RELIANT MEMBERS OF THEIR NEWCOMMUNITIES. THE TOP FIVE COUNTRIES OF ORIGIN OF RESETTLED REFUGEES IN2025 WERE AFGHANISTAN, VENEZUELA, DEMOCRATIC REPUBLIC OF CONGO, SYRIA, AND SOMALIA.1. RECEPTION AND PLACEMENT (R&P) LIRS PROVIDES LIFE-SAVING PROTECTIONAND STABILIZATION SUPPORT TO REFUGEES DURING THEIR FIRST 90 DAYS IN THEUNITED STATES.2. MATCHING GRANT (MG) - THIS LIRS 8-MONTH EARLY EMPLOYMENT PROGRAM ISAN ALTERNATIVE TO PUBLIC CASH ASSISTANCE. IN 2025, 1,261 INDIVIDUALS ENROLLED IN MATCHING GRANT WERE SUPPORTED TO BE SELF-SUFFICIENT(EMPLOYED) ON OR BEFORE THE 240-DAY MARK.3. PREFERRED COMMUNITIES (PC) LIRS PROVIDED INTENSIVE CASE MANAGEMENTTO THE MOST VULNERABLE REFUGEES AND ASYLEES TO ENSURE ACCESS TOCRITICAL LIFE STABILIZING SERVICES AND RESOURCES. THIS HELPED MOVE 1,487PARTICIPANTS TOWARD SELF-SUFFICIENCY IN 43 LOCATIONS. PC GAP SERVICESSERVED 3,041 CLIENTS IN 54 LOCATIONS.

**4b** (Code: ) (Expenses $ 111,311,662 including grants of $ 71,182,736 ) (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 8,860 CHILDREN AND FAMILIES IN 2025. 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; PLACEMENT'S OF CHILDREN IN THE LEAST RESTRICTIVE SETTING; PRIORITIZING CHILD PROTECTION; AND PROVIDING SERVICES WITH QUALITY AND INNOVATION.LIRS PARTNERS WITH THE FEDERAL AGENCY. THE OFFICE OF REFUGEE 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 FULL CONTINUUM OF CARE. WITH A ROBUST NATIONAL NETWORK OP PARTNERS AND DIRECT CARE STAFF LOCATED THROUGHOUT THE COUNTRY. THE CONTINUUM OF CARE INCLUDES 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.

**4c** (Code: ) (Expenses $ 3,247,889 including grants of $ 34,850 ) (Revenue $ )

COMMUNITY ENGAGEMENT:1. POST ARRIVAL STABILITY EMPOWERMENT (PASE): THROUGH FOUNDATION SUPPORT, PASE ADVANCES ECONOMIC INCLUSION BY PROVIDING HOLISTIC, ONE-ON-ONE SUPPORT THAT HELPS REMOVE BARRIERS TO SELF-SUFFICIENCY. THROUGH TRAUMA-INFORMED, CLIENT-CENTERED CASE MANAGEMENT, COMMUNITY-BASED REFERRALS, JOB READINESS WORKSHOPS, CAREER UPSKILLING OPPORTUNITIES, AND CONNECTIONS TO PROSPECTIVE EMPLOYERS, THE PROGRAM SUPPORTS NEWCOMERS IN BALTIMORE CITY AND SURROUNDING COUNTIES. THIS PROGRAM MATCHED AND EXTENDED FEDERAL FUNDING, INCREASING THE PROGRAM'S IMPACT AND STRENGTHENING THE SELF-SUFFICIENCY AND INTEGRATION OF BALTIMORE'S NEWEST RESIDENTS. IN 2025, GLOBAL REFUGE MD SUPPORTED 171 CLIENTS THROUGH PASE.

(Code: ) (Expenses $ 5,227,598 including grants of $ 154,678 ) (Revenue $ )

OTHER PROGRAM SERVICES:LIRS SERVICES TRAVEL LOANS ISSUED BY THE INTERNATIONAL ORGANIZATION OFMIGRATION TO TRANSPORT LIRS-SPONSORED REFUGEES FROM THEIR ORIGINALLOCATION TO THEIR RESETTLEMENT LOCATION IN THE UNITED STATES.COLLECTIONS FROM THESE NON-INTEREST -BEARING LOANS ARE, IN PART, USED TOOFFSET LOAN SERVICING EXPENSES OF LIRS, WITH 75% OF THE COLLECTIONSRETURNED TO THE INTERNATIONAL ORGANIZATION OF MIGRATION TO REPLENISHTHE LOAN FUND; WHICH FINANCES TRANSPORTATION FOR RESETTLEMENT OF FUTURE REFUGEES.GLOBAL REFUGE NORTH DAKOTA (GLOBAL REFUGE ND) PROGRAMSREFUGEE SUPPORT SERVICES PROGRAM (RSS): RSS PROGRAM DELIVERED COMPREHENSIVE CASE MANAGEMENT AND COMMUNITY CONNECTOR SERVICES TO REFUGEES AND OTHER OFFICE OF REFUGEE RESETTLEMENT (ORR) POPULATIONS IN NORTH DAKOTA. THROUGH COMMUNITY CONNECTORS, PARTICIPANTS RECEIVED TAILORED SUPPORT IN KEY AREAS SUCH AS FAMILY SUPPORT AND INTEGRATION SERVICES, ACCESS TO HEALTH SERVICES, SCHOOL NAVIGATION AND EDUCATIONAL SUPPORT, AND COMMUNITY ORIENTATION WORKSHOPS. THESE SERVICES WERE DESIGNED TO PROMOTE SUCCESSFUL RESETTLEMENT, FOSTER COMMUNITY INTEGRATION, AND SUPPORT THE LONG-TERM WELL-BEING OF REFUGEE INDIVIDUALS AND FAMILIES. GLOBAL REFUGE ND SERVED 622 RSS CLIENTS IN 2025.REFUGE CASH ASSISTANCE (RCA) PROGRAM: RCA PROGRAM PROVIDED MONTHLY CASH ASSISTANCE TO REFUGEES AND OTHER ORR-ELIGIBLE POPULATIONS TO HELP MEET BASIC NEEDS SUCH AS FOOD, SHELTER, AND TRANSPORTATION. IN ADDITION, RCA SUPPORTED INDIVIDUALS IN ACHIEVING SELF-SUFFICIENCY AND REDUCING DEPENDENCY ON WELFARE SERVICES THROUGH CASE MANAGEMENT AND REFERRALS TO ENGLISH LANGUAGE TRAINING AND EMPLOYMENT. GLOBAL REFUGE ND SERVED 357 RCA CLIENTS IN 2025.SERVICES FOR OLDER REFUGEES (SOR): THE SOR PROGRAM PROVIDED SUPPORT TO ELIGIBLE REFUGEES AGED 60 AND OLDER, ENSURING THEY HAD ACCESS TO APPROPRIATE AGING-RELATED SERVICES. SOR OFFERINGS INCLUDED CASE MANAGEMENT, TRANSPORTATION, INTERPRETATION, REFERRALS TO SUPPORTIVE SERVICES, CONNECTION TO COMMUNITY RESOURCES, VOLUNTEER ENGAGEMENT, SOCIAL ACTIVITIES, AND CITIZENSHIP AND NATURALIZATION PREPARATION FOR ELIGIBLE REFUGEE ELDERS. THE PROGRAM ALSO AIMED TO DELIVER SERVICES NOT OTHERWISE AVAILABLE IN THE COMMUNITY. OVERALL, SOR SERVICES PROMOTED PHYSICAL AND EMOTIONAL WELL-BEING, SUPPORTED INTEGRATION INTO NEW COMMUNITIES, AND ENCOURAGED INDEPENDENT LIVING. GLOBAL REFUGE ND SERVED 21 SOR CLIENTS IN 2025. REFUGEE YOUTH MENTORING PROGRAM (YMP): THE YMP PROGRAM ADDRESSED THE NEEDS OF REFUGEE YOUTH AND YOUNG ADULTS, AGES 15-24, BY PROMOTING THEIR CIVIC AND SOCIAL ENGAGEMENT THROUGH MENTORING. THE PROGRAM RECRUITED, SCREENED AND TRAINED MENTORS TO SUPPORT NEWCOMER YOUTH. GLOBAL REFUGE ND CONNECTED 9 YOUTH WITH MENTORS IN 2025.REFUGEE HEALTH PROMOTION: THE PROGRAM PROVIDED REFUGEE HEALTH NAVIGATION SERVICES TO REFUGEES AND OTHER ORR-ELIGIBLE POPULATIONS IN NORTH DAKOTA. KEY SERVICES INCLUDED COORDINATING REFUGEE MEDICAL SCREENINGS, FACILITATING TIMELY COMMUNICATION AMONG STATE AGENCIES, MEDICAL PROVIDERS, AND RESETTLEMENT STAFF, OFFERING GUIDANCE ON HEALTH CARE COVERAGE OPTIONS, AND SUPPORTING ACCESS TO ESSENTIAL MEDICAL SERVICES. ADDITIONALLY, THE PROGRAM WORKED TO ELIMINATE TRANSPORTATION BARRIERS FOR BOTH INITIAL SCREENINGS AND FOLLOW-UP MEDICAL APPOINTMENTS. GLOBAL REFUGE ND ASSISTED 118 CLIENTS THROUGH HEALTH PROMOTION IN 2025. REFUGEE AGRICULTURAL PARTNERSHIP PROGRAM (RAPP): THE RAPP SUPPORTED REFUGEES AND OTHER ORR-ELIGIBLE POPULATIONS IN IMPROVING THEIR LIVELIHOODS AND ACHIEVING ECONOMIC SELF-SUFFICIENCY BY INCREASING THEIR KNOWLEDGE AND SKILLS IN AGRICULTURE, FOOD SYSTEMS, NUTRITION, AND ACCESS TO FARMERS MARKETS. GLOBAL REFUGE ND SERVED 58 RAPP CLIENTS IN 2025. EMPLOYER ENGAGEMENT PROGRAM (EEP): THROUGH THE EEP, GLOBAL REFUGE ND STRENGTHENED COLLABORATION WITH EMPLOYERS TO SUPPORT THE INTEGRATION AND SELF-SUFFICIENCY OF REFUGEES AND OTHER ORR-ELIGIBLE POPULATIONS WITHIN THE RESETTLEMENT COMMUNITY. GLOBAL REFUGE ND ESTABLISHED FORMAL PARTNERSHIPS WITH EMPLOYERS TO DEVELOP TRAINING CURRICULA, PROVIDE CAREER COUNSELING, AND EXPAND OPPORTUNITIES FOR WORKPLACE-BASED TRAINING, APPRENTICESHIPS, AND INTERNSHIPS ALL AIMED AT ENHANCING CLIENTS' ACCESS TO SUSTAINABLE EMPLOYMENT. GLOBAL REFUGE ND CLOSELY WORKED WITH 9 EMPLOYERS AND SUPPORTED 26 EMPLOYEES THAT WORKED AT THESE EMPLOYERS.GLOBAL REFUGE SAN ANTONIO (GLOBAL REFUGE SA) PROGRAMSREFUGEE SUPPORT SERVICES PROGRAM (RSS): THE RSS PROGRAM HELPED REFUGEES AND OTHER ORR ELIGIBLE POPULATION IN TEXAS ACHIEVE ECONOMIC INDEPENDENCE BY ASSISTING THEM IN FINDING AND MAINTAINING EMPLOYMENT WHILE REMOVING BARRIERS TO SELF-SUFFICIENCY. REFUGEE SUPPORT SERVICES OFFERS CASE MANAGEMENT, JOB DEVELOPMENT AND TRAINING, VOCATIONAL TRAINING, JOB PLACEMENT, AND CONNECTIONS TO SOCIAL ADJUSTMENT SUPPORT, SUCH AS ENGLISH LANGUAGE CLASSES, DAYCARE, AND CITIZENSHIP ASSISTANCE. ADDITIONALLY, THE PROGRAM PROVIDED SOCIAL SUPPORT SERVICES TO HELP CLIENTS OVERCOME OBSTACLES TO CULTURAL AND SOCIAL INTEGRATION. GLOBAL REFUGE SA SERVED 364 RSS CLIENTS IN 2025. REFUGE CASH ASSISTANCE (RCA) PROGRAM: RCA PROGRAM PROVIDED MONTHLY CASH ASSISTANCE TO REFUGEES AND OTHER ORR-ELIGIBLE POPULATIONS TO HELP MEET BASIC NEEDS SUCH AS FOOD, SHELTER, AND TRANSPORTATION. GLOBAL REFUGE SA SERVED 319 RCA CLIENTS IN 2025. REFUGEE MEDICAL ASSISTANCE (RMA): STAFF ASSISTED CLIENTS IN ACCESSING RMA, WHICH PROVIDES INSURANCE COVERAGE FOR REFUGEES AND OTHER ORR-ELIGIBLE POPULATIONS. SUPPORT INCLUDED ASSESSMENT, ENROLLMENT, AND COORDINATION WITH SERVICE PROVIDERS. GLOBAL REFUGE SA ASSISTED 20 CLIENTS IN 2025.REFUGEE SCHOOL IMPACT: RSI ENSURE ORR-ELIGIBLE CHILDREN, BIRTH TO AGE 18, ARE PREPARED TO SUCCEED IN FORMAL SCHOOLING, STRENGTHEN ACADEMIC PERFORMANCE, AND AID THE SOCIAL ADJUSTMENT OF NEWLY ARRIVING REFUGEE YOUTH AND THEIR FAMILIES. GLOBAL REFUGE SA SERVED 2 RSI CLIENTS IN 2025.GLOBAL REFUGE BALTIMORE AND ALEXANDRIA (GLOBAL REFUGE MD) PROGRAMSBALTIMORE NEW AMERICAN ACCESS COALITION (BNAAC): THE BNAAC PROGRAM PROVIDED SIX-MONTH CASE MANAGEMENT AND BENEFITS NAVIGATION TO HELP BALTIMORE CITY'S IMMIGRANTS AND REFUGEES. GLOBAL

REFUGE MD SERVED 111 BNAAC CLIENTS IN 2025.EMPLOYER ENGAGEMENT PROGRAM (EEP): THROUGH THE EEP, GLOBAL REFUGE MD STRENGTHENED COLLABORATION WITH EMPLOYERS TO SUPPORT THE INTEGRATION AND SELF-SUFFICIENCY OF REFUGEES AND OTHER ORR-ELIGIBLE POPULATIONS WITHIN THE RESETTLEMENT COMMUNITY. GLOBAL REFUGE MD ESTABLISHED FORMAL PARTNERSHIPS WITH EMPLOYERS TO DEVELOP TRAINING CURRICULA, PROVIDE CAREER COUNSELING, AND EXPAND OPPORTUNITIES FOR WORKPLACE-BASED TRAINING, APPRENTICESHIPS, AND INTERNSHIPS ALL AIMED AT ENHANCING CLIENTS' ACCESS TO SUSTAINABLE EMPLOYMENT. GLOBAL REFUGE MD CLOSELY WORKED WITH 4 EMPLOYERS AND SUPPORTED 76 EMPLOYEES THAT WORKED AT THESE EMPLOYERS.CASE MANAGEMENT PILOT PROGRAM (CMPP): THE CMPP PROVIDED VOLUNTARY CASE MANAGEMENT AND OTHER SERVICES TO NON-DETAINED NONCITIZENS ENROLLED IN ALTERNATIVES TO DETENTION. CMPP SERVICES INCLUDED, AMONG OTHERS: MENTAL HEALTH SERVICES; TRAFFICKING SCREENING; LEGAL ORIENTATION PROGRAMS; CULTURAL ORIENTATION PROGRAMS; CONNECTIONS TO SOCIAL SERVICES; AND DEPARTURE PLANNING AND REINTEGRATION SERVICES FOR INDIVIDUALS RETURNING TO THEIR HOME COUNTRIES. GLOBAL REFUGE MD MANAGED THIS PROGRAM CONSORTIUM MEMBERS AND COLLABORATIVELY SERVED 132 CLIENTS IN 2025.CAPACITY MAINTENANCE FUND (CMF): GLOBAL REFUGE BALTIMORE USED THE CAPACITY MAINTENANCE FUND SUPPORT TO PRESERVE AND STRENGTHEN REFUGEE RESETTLEMENT INFRASTRUCTURE IN MARYLAND DURING A PERIOD REDUCED REFUGEES ADMISSIONS AND FUNDING. THROUGH CMF, GLOBAL REFUGE RETAINED ESSENTIAL STAFF, SUSTAINED CORE OFFICE OPERATIONS, UPDATED POLICIES AND TRAINING MATERIALS, AND MAINTAINED SERVICE FOR REFUGEES AND OTHER ELIGIBLE POPULATIONS. AS A RESULT OF THIS AND OTHER FUNDING SUPPORT, THE BALTIMORE OFFICE RETAINED 11 STAFF, SUPPORTED 412 CLIENTS, AND CONDUCTED 23 OUTREACH ACTIVITIES.MICROENTERPRISE DEVELOPMENT(MED): MED EMPOWERED REFUGEES WITH ECONOMIC INCLUSION OPPORTUNITIES DESIGNED TO FACILITATE THEIR INTEGRATION INTO THE U.S. ECONOMY. GLOBAL REFUGE PROVIDED TRAINING, TECHNICAL ASSISTANCE AND CONNECTIONS TO CREDIT BUILDING AND SMALL BUSINESS LOANS TO HELP CLIENTS START OR EXPAND THEIR SMALL BUSINESSES. IN 2025, GLOBAL REFUGE SUPPORTED 50 MED CLIENTS IN 2025 AND CONNECTED THEM TO LEVERAGED LOANS TOTALING $225,000. INDIVIDUAL DEVELOPMENT ACCOUNT (IDA): IDA SUPPORTED REFUGEES AND OTHER ORR ELIGIBLE POPULATION SAVE TOWARD AN ASSET THAT WILL HELP INCREASE FINANCIAL INDEPENDENCE. THE PROGRAM HELPED PARTICIPANTS UNDERSTAND WHAT- ASSETS ARE, HOW THE U.S. FINANCIAL SYSTEM WORKS, AND HOW TO MANAGE THEIR MONEY. IT MATCHED SAVINGS AT A ONE-TO-ONE FOR EACH DOLLAR DEPOSITED. SAVINGS GOALS CAN BE USED TOWARDS HOME PURCHASE, RENTAL ASSISTANCE, VOCATIONAL TRAININGS, EDUCATION,AND ENTRANCE EXAM FEES. GLOBAL REFUGE SUPPORTED 67 IDA CLIENTS IN 2025 THROUGH TRAINING AND DISTRIBUTED $253,324 IN MATCHING FUNDS.

| | | | | | |
|---|---|---|---|---|---|
| **4d** | Other program services (Describe in Schedule O.) | | | | |
| | (Expenses $ | 5,227,598 | including grants of $ | 154,678 ) (Revenue $ | ) |
| **4e** | **Total program service expenses** | 151,957,926 | | | |

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | Yes | |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions. | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | 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* | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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 | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I | 25b | | No |
| 26 | 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% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | 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 | 27 | | No |
| 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 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 85 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | **2a** | 833 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | **2b** | Yes |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | **3a** | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | **3b** | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | **4a** | No |
| **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). | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | **5a** | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | **5c** | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | **6a** | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | **6b** | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | **7a** | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | **7b** | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | **7f** | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | **7g** | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | **7h** | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** 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.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | **9a** | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | |
| **b** | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | **11b** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | **12b** | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. | | | **13a** | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | **14b** | |
| **15** | 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? If "Yes," see instructions and file Form 4720, Schedule N. | | | **15** | No |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | **16** | No |
| **17** | **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. | | | **17** | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | **1a** | 17 | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent | **1b** | 17 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | **2** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | **7a** | | No |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | **7b** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| **a** | The governing body? | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | **9** | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? | **10a** | | No |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | **11a** | Yes | |
| **b** | Describe 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** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? | **14** | Yes | |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | **15a** | Yes | |
| **b** | Other officers or key employees of the organization | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process 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** | | No |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | **16b** | | |

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed AL,AK,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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: COSTAS DOUMAS CHIEF FINANCIAL OFFICER 700 LIGHT STREET BALTIMORE,MD 21230 (410) 230-2733

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.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BRYN PARCHMAN<br>CHAIR | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (2) MICHELE SPEAKS<br>SECRETARY | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (3) DENNIS WIECKERT<br>TREASURER | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (4) VIRGINIA HULTQUIST<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (5) JOHN R MOELLER JR<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (6) MATUOR ALIER<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (7) DIANE BATCHIK<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (8) BISHOP PAUL ERICKSON<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (9) YARED HALCHE<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (10) CLARANCE SMITH<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (11) MUHSIN HASSAN<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (12) BISHOP SUE BRINER<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (13) HABIB ENAYETULLAH<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (14) NATHAN GLUSENKAMP<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (15) TAMMY JACKSON<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (16) REV VIRGINIA PRICE<br>DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (17) F ANDREW PEPITO<br>CFO - UNTIL 8/29/25 | 40.00 | | | X | | | | 220,781 | 0 | 21,566 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) KRISH O'MARA VIGNARAJAH<br>CEO | 40.00<br>1.00 | | | X | | | | 686,399 | 0 | 44,273 |
| (19) GERI O'DONOGHUE<br>VICE PRES HUMAN RESOURCES | 40.00<br>1.00 | | | X | | | | 221,328 | 0 | 43,194 |
| (20) LEE WILLIAMS<br>VICE PRES PROGRAMS | 40.00 | | | X | | | | 0 | 0 | 0 |
| (21) COSTAS DOUMAS<br>CFO - CURRENT | 40.00 | | | X | | | | 43,484 | 0 | 7,944 |
| (22) ANDREW STEELE<br>VP DEVELOPMENT AND MOBILIZ | 40.00 | | | | | X | | 188,001 | 0 | 31,363 |
| (23) LORIE DAVIDSON<br>VP FOR CHILDREN & FAMILY S | 40.00 | | | | | X | | 195,287 | 0 | 32,787 |
| (24) MARIA MASKELL<br>VICE PRESIDENT OF IT | 40.00 | | | | | X | | 184,676 | 0 | 45,058 |
| (25) ERIN TAYLOR<br>CHIEF COMMUNICATIONS OFFIC | 40.00 | | | | | X | | 184,600 | 0 | 31,232 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-Total** | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** | | | | | | | | 1,924,556 | 0 | 257,417 |

**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 17

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | **3** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **5** | | No |

## Section B. Independent Contractors

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 |
|---|---|---|---|---|
| Contributions, Gifts, Grants, and OtherAmt Similar Amounts | | | | |
| 1a Federated campaigns . . 1a | | | | |
| b Membership dues . . 1b | | | | |
| c Fundraising events . . 1c | | | | |
| d Related organizations 1d | | | | |
| e Government grants (contributions) 1e | 154,405,916 | | | |
| f All other contributions, gifts, grants, and similar amounts not included above 1f | 11,641,941 | | | |
| g Noncash contributions included in lines 1a - 1f:$ 1g | 8,000 | | | |
| h **Total.** Add lines 1a-1f . . . . . | 166,047,857 | | | |
| Program Service Revenue | Business Code | | | |
| 2a SERVICE FEES LOANS | 900099 | 1,918,015 | 1,918,015 | |
| b SERVICE FEES - OTHER | 900099 | 194,983 | 194,983 | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other program service revenue. | | | | |
| g **Total.** Add lines 2a–2f. . . . . | 2,112,998 | | | |
| Other Revenue | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | 2,212,661 | | | 2,212,661 |
| 4 Income from investment of tax-exempt bond proceeds | | | | |
| 5 Royalties . . . . . | | | | |
| | (i) Real | (ii) Personal | | |
| 6a Gross rents 6a | | | | |
| b Less: rental expenses 6b | | | | |
| c Rental income or (loss) 6c | | | | |
| d Net rental income or (loss) . . . . . | | | | |
| | (i) Securities | (ii) Other | | |
| 7a Gross amount from sales of assets other than inventory 7a | | 3,396 | | |
| b Less: cost or other basis and sales expenses 7b | | 0 | | |
| c Gain or (loss) 7c | | 3,396 | | |
| d Net gain or (loss) . . . . . | 3,396 | | | 3,396 |
| 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a | | | | |
| b Less: direct expenses 8b | | | | |
| c Net income or (loss) from fundraising events . . | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 . . . 9a | | | | |
| b Less: direct expenses 9b | | | | |
| c Net income or (loss) from gaming activities . . | | | | |
| 10a Gross sales of inventory, less returns and allowances . . 10a | | | | |
| b Less: cost of goods sold . . 10b | | | | |
| c Net income or (loss) from sales of inventory . . | | | | |
| | Business Code | | | |
| 11a MISCELLANEOUS | | 81,335 | | 81,335 |
| b | | | | |
| c | | | | |
| OtherRevenueMiscAmt | | | | |
| d All other revenue . . . . | | | | |
| e **Total.** Add lines 11a–11d . . . . . | | 81,335 | | |
| 12 **Total revenue.** See instructions . . . . . | 170,458,247 | 2,112,998 | 0 | 2,297,392 |

## 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 . . . . . ☐

| **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.** | **(A)** Total expenses | **(B)** Program service expenses | **(C)** Management and general expenses | **(D)** Fundraising expenses |
|---|---|---|---|---|
| **1** Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 92,950,388 | 92,950,388 | | |
| **2** Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,084,003 | 1,084,003 | | |
| **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 114,705 | 114,705 | | |
| **4** Benefits paid to or for members | | | | |
| **5** Compensation of current officers, directors, trustees, and key employees | 2,175,177 | 610,135 | 1,377,041 | 188,001 |
| **6** Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| **7** Other salaries and wages | 43,253,437 | 36,629,327 | 5,534,949 | 1,089,161 |
| **8** Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,899,358 | 2,195,609 | 611,841 | 91,908 |
| **9** Other employee benefits | 8,327,248 | 7,120,585 | 1,002,208 | 204,455 |
| **10** Payroll taxes | 3,876,914 | 3,117,581 | 663,761 | 95,572 |
| **11** Fees for services (non-employees): | | | | |
| **a** Management | | | | |
| **b** Legal | 291,551 | 62,470 | 192,678 | 36,403 |
| **c** Accounting | | | | |
| **d** Lobbying | | | | |
| **e** Professional fundraising services. See Part IV, line 17 | | | | |
| **f** Investment management fees | 95,346 | | 95,346 | |
| **g** Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,679,825 | 617,322 | 639,712 | 422,791 |
| **12** Advertising and promotion | 53,900 | 9,251 | 44,649 | |
| **13** Office expenses | 536,194 | 302,839 | 142,899 | 90,456 |
| **14** Information technology | 4,424,059 | 4,170,112 | 58,821 | 195,126 |
| **15** Royalties | | | | |
| **16** Occupancy | 1,719,768 | 1,626,707 | 19,339 | 73,722 |
| **17** Travel | 1,434,642 | 1,266,834 | 123,524 | 44,284 |
| **18** Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| **19** Conferences, conventions, and meetings | 29,765 | 6,450 | 17,253 | 6,062 |
| **20** Interest | | | | |
| **21** Payments to affiliates | | | | |
| **22** Depreciation, depletion, and amortization | 189,345 | 180 | 153,278 | 35,887 |
| **23** Insurance | 215,072 | 3,162 | 211,910 | |
| **24** Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| **a** MEMBERSHIP DUES | 94,610 | 52,073 | 40,892 | 1,645 |
| **b** VOLUNTEER EXPENSES | 18,193 | 18,193 | | |
| **c** | | | | |
| **d** | | | | |
| **e** All other expenses | | | | |
| **25** **Total functional expenses.** Add lines 1 through 24e | 165,463,500 | 151,957,926 | 10,930,101 | 2,575,473 |
| **26** **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720). | | | | |

## Part X Balance Sheet

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 26,203,241 | 1 | 26,911,513 |
| | 2 | Savings and temporary cash investments | | 5,632,363 | 2 | 5,134,864 |
| | 3 | Pledges and grants receivable, net | | 34,495,417 | 3 | 14,855,143 |
| | 4 | Accounts receivable, net | | 1,846,882 | 4 | 564,214 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 | Notes and loans receivable, net | | 97,815 | 7 | 74,885 |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 1,046,287 | 9 | 602,076 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,605,501 | | | |
| | b | Less: accumulated depreciation | 10b 904,266 | 873,035 | 10c | 701,235 |
| | 11 | Investments—publicly traded securities | | 36,114,110 | 11 | 42,423,874 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 388,580 | 12 | 439,859 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 3,100,371 | 13 | 3,007,785 |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 2,095,645 | 15 | 2,391,847 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 111,893,746 | 16 | 97,107,295 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 6,157,841 | 17 | 3,802,574 |
| | 18 | Grants payable | | 37,561,160 | 18 | 14,761,658 |
| | 19 | Deferred revenue | | 112,885 | 19 | 156,896 |
| | 20 | Tax-exempt bond liabilities | | 949,105 | 20 | 778,580 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 6,397 | 25 | 311,367 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 44,787,388 | 26 | 19,811,075 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 66,681,666 | 27 | 76,047,732 |
| | 28 | Net assets with donor restrictions | | 424,692 | 28 | 1,248,488 |
| | | **Organizations that do not follow FASB ASC 958, check here** ▶ ☐ **and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| | 32 | Total net assets or fund balances | | 67,106,358 | 32 | 77,296,220 |
| | 33 | Total liabilities and net assets/fund balances | | 111,893,746 | 33 | 97,107,295 |

## Part XI Reconcilliation 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 | 170,458,247 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 165,463,500 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,994,747 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 67,106,358 |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,195,115 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column | 10 | 77,296,220 |

## Part 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 ☑ Accrual ☐ Other _____ 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 | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | Yes | |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

| Special Condition Description |
| --- |

# SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**Attach to Form 990 or Form 990-EZ.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

**Name of the organization**
LUTHERAN IMMIGRATION & REFUGEE SERVICE
INC DBA GLOBAL REFUGE

**Employer identification number**
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.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **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 university:

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.)

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

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.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ 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.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | 112,710,496 | 204,821,506 | 229,161,548 | 300,344,063 | 166,047,857 | 1,013,085,470 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 112,710,496 | 204,821,506 | 229,161,548 | 300,344,063 | 166,047,857 | 1,013,085,470 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 1,013,085,470 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | 112,710,496 | 204,821,506 | 229,161,548 | 300,344,063 | 166,047,857 | 1,013,085,470 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | 153,935 | 620,967 | 2,098,533 | 2,472,576 | 2,212,661 | 7,558,672 |
| 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.). . | 67,837 | 2,223 | 61,047 | | 81,335 | 212,442 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 1,020,856,584 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 8,503,695

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 99.240 %

15 Public support percentage for 2024 Schedule A, Part II, line 14 . . . . . **15** 99.380 %

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☑

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . . | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.). . | | | | | | |

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 | Public support percentage for 2025 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 |
| 16 | Public support percentage from 2024 Schedule A, Part III, line 15 . . . . . | 16 |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 | Investment income percentage for **2025** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 |
| 18 | Investment income percentage from **2024** Schedule A, Part III, line 17 . . . . . | 18 |

19a **33 1/3% support tests-2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

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

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 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.* | 1 | | |
| 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).* | 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.* | 3a | | |
| 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.* | 3b | | |
| 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.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| 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.* | 4b | | |
| 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.* | 4c | | |
| 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).* | 5a | | |
| 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? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | |
| 8 | 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).* | 8 | | |
| 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.*** | 9a | | |
| 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.*** | 9b | | |
| 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.*** | 9c | | |
| 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.* | 10a | | |
| 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).* | 10b | | |

## Part IV Supporting Organizations (continued)

| | | | Yes | No |
|---|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described on 11a above? | **11b** | | |
| **c** | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.* | **11c** | | |

### Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | **1** | | |
| **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** | | |

### Section 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** | | |

### Section 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 in 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 supported organizations played in this regard.* | **3** | | |

### Section 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 supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

**2** Activities Test. ***Answer lines 2a and 2b below.***

| | | | Yes | No |
|---|---|---|---|---|
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its 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 these activities but for the organization's involvement.* | **2b** | | |

**3** Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**

| | | | | |
|---|---|---|---|---|
| **a** | Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.* | **3a** | | |
| **b** | Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.* | **3b** | | |
| **c** | Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.*** | **3c** | | |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

### Section 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): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (*explain in detail in **Part VI***): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 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 | | |

### Section C - Distributable Amount

| | | | Current Year |
|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 ☐ Check here if the current year is the organization's first as a non-functionally- integrated Type III supporting organization (see instructions)

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

| **Section D - Distributions** | | **Current Year** |
|---|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | **1** | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** Amounts paid to acquire exempt-use assets | **4** | |
| **5** Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***) | **5** | |
| **6** **Total annual distributions.** Add lines 1 through 5. | **6** | |
| **7** Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions | **7** | |
| **8** Distributable amount for 2025 from Section C, line 6 | **8** | |
| **9** Line 7 amount divided by Line 8 amount | **9** | |

| **Section E - Distribution Allocations** (see instructions) | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2025** | **(iii) Distributable Amount for 2025** |
|---|---|---|---|
| **1** Distributable amount for 2025 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2025 (reasonable cause required-- *explain in* ***Part VI***). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2025: | | | |
| **a** From 2020. . . . . | | | |
| **b** From 2021. . . . . | | | |
| **c** From 2022. . . . . | | | |
| **d** From 2023. . . . . | | | |
| **e** From 2024. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2025 distributable amount | | | |
| **i** Carryover from 2020 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2025 from Section D, line 6: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2025 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **6** Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **7** **Excess distributions carryover to 2026.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2021. . . . . | | | |
| **b** Excess from 2022. . . . . | | | |
| **c** Excess from 2023. . . . . | | | |
| **d** Excess from 2024. . . . . | | | |
| **e** Excess from 2025. . . . . | | | |

**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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

| Return Reference | Explanation |
|---|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | MISCELLANEOUS REVENUE - 2021 AMOUNT: $ 67,837. 2022 AMOUNT: $ 2,223. 2023 AMOUNT: $ 61,047. 2025 AMOUNT: $ 81,335. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

# Schedule B
**(Form 990)**
**(Rev. January 2025)**
Department of the Treasury
Internal Revenue Service

# 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

| Name of the organization | **Employer identification number** |
|---|---|
| LUTHERAN IMMIGRATION & REFUGEE SERVICE INC DBA GLOBAL REFUGE | 13-2574854 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☐ 501(c)(  ) (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 other 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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 if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| RESTRICTED | | $ RESTRICTED | ☐ 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.) |
| (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

**Employer identification number**
13-2574854

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part 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 |
|---|---|---|---|
| | | $ | |

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

**Employer identification number**
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 information once. See instructions.) $ _____

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

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

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

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

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

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

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

# SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

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

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

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

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

| Name of the organization | **Employer identification number** |
|---|---|
| LUTHERAN IMMIGRATION & REFUGEE SERVICE INC DBA GLOBAL REFUGE | 13-2574854 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ..... $

3 Volunteer hours for political campaign activities. See instructions .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

| | **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds. If none, enter -0-. | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|---|---|---|---|
| **1** | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **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: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e. |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000. |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000. |

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2022 | (b) 2023 | (c) 2024 | (d) 2025 | (e) Total |
|---|---|---|---|---|---|
| **2a** Lobbying nontaxable amount | | | | | |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** Total lobbying expenditures | | | | | |
| **d** 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | Yes | | 17,309 |
| e | Publications, or published or broadcast statements? | Yes | | 5,770 |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 25,963 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | Yes | | 8,654 |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 57,696 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|---|---|
| PART II-B, LINE 1: | LIRS PERIODICALLY PAYS STAFF TO DRAFT LETTERS TO BE SIGNED BY EXECUTIVE DIRECTORS OF OTHER VOLUNTARY AGENCIES AND RELIGIOUS LEADERS. LIRS PERIODICALLY PAYS STAFF AND REQUESTS VOLUNTEERS TO MEET AND/OR PLACE TELEPHONE CALLS TO MEMBERS OF CONGRESS AND THEIR STAFF, AND/OR OFFICIALS OF THE EXECUTIVE BRANCH, WITH VIEWS ON IMMIGRATION LAW, TREATMENT OF REFUGEES AND ASYLEES, UNDOCUMENTED CHILDREN, REFUGEE RESETTLEMENT, AND DETENTION PRACTICES. THE COMMUNICATIONS URGE OPPOSITION OR SUPPORT OF SPECIFIC LEGISLATIVE INITIATIVES OR GOVERNMENT ACTIONS. OCCASIONALLY LIRS ELECTRONICALLY PUBLISHES AND MAILS TO DONORS, VOLUNTEERS, CONGRESSIONAL STAFF, AND LEGISLATORS CORRESPONDENCE URGING ACTION ON A PARTICULAR PIECE OF LEGISLATION THAT IS IN CONCERT WITH LIRS'S MISSION. SUCH AN EVENT MAY ALSO OPPOSE OR ADVOCATE FOR A PARTICULAR PIECE OF LEGISLATION. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE D**
**(Form 990)**

(Rev. January 2025)
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.**

OMB No. 1545-0047

**Open to Public Inspection**

**Name of the organization**
LUTHERAN IMMIGRATION & REFUGEE SERVICE
INC DBA GLOBAL REFUGE

**Employer identification number**
13-2574854

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

## Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

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

## Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | **(a)** Current year | **(b)** Prior year | **(c)** Two years back | **(d)** Three years back | **(e)** Four years back |
|---|---|---|---|---|---|
| **1a** Beginning of year balance . . . . | | | | | |
| **b** Contributions . . . | | | | | |
| **c** Net investment earnings, gains, and losses | | | | | |
| **d** Grants or scholarships . . . | | | | | |
| **e** Other expenditures for facilities and programs . . . | | | | | |
| **f** Administrative expenses . . . . | | | | | |
| **g** End of year balance . . . . . | | | | | |

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

- **a** Board designated or quasi-endowment .....
- **b** Permanent endowment .....
- **c** Term endowment .....

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

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

| | **Yes** | **No** |
|---|---|---|
| **(i)** Unrelated organizations . . . . . **3a(i)** | | |
| **(ii)** Related organizations . . . . . **3a(ii)** | | |

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | **(a)** Cost or other basis (investment) | **(b)** Cost or other basis (other) | **(c)** Accumulated depreciation | **(d)** Book value |
|---|---|---|---|---|
| **1a** Land . . . . . | | | | |
| **b** Buildings . . . . . | | | | |
| **c** Leasehold improvements | | 315,564 | 169,807 | 145,757 |
| **d** Equipment . . . . . | | 1,289,937 | 734,459 | 555,478 |
| **e** Other . . . . . | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . | | | | 701,235 |

**Part VII Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3)Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* | | |

**Part VIII Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* | | |

**Part IX Other Assets.**
Complete if the organization answered 'Yes' 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, col.(B) line 15.)* | |

**Part X Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| OPERATING LEASE LIABILITIES | 311,367 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* | 311,367 |

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 176,556,001 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 5,195,115 | | |
| b | Donated services and use of facilities | 2b | 230,000 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 767,985 | | |
| e | Add lines **2a** through **2d** | | | 2e | 6,193,100 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 170,362,901 |
| 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 | 95,346 | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 95,346 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 170,458,247 |

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 166,436,772 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 230,000 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 838,618 | | |
| e | Add lines **2a** through **2d** | | | 2e | 1,068,618 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 165,368,154 |
| 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 | 95,346 | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 95,346 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 165,463,500 |

## Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---|---|
| PART X, LINE 2: | LIRS RECOGNIZES OR DERECOGNIZES TAX POSITIONS ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. LIRS HAS REVIEWED THE TAX POSITIONS TAKEN FOR EACH OF THE OPEN TAX YEARS (2022-2024) OR EXPECTED TO BE TAKEN IN LIRS'S 2025 TAX RETURN AND HAS CONCLUDED IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | RELATED ENTITY REVENUE NOT INCLUDED ON FORM 990 767,985. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | EXPENSES OF RELATED ENTITIES NOT INCLUDED ON FORM 990 838,618. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE F (Form 990)** (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

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

**Attach to Form 990.**

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

OMB No. 1545-0047

**Open to Public Inspection**

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

**Employer identification number**
13-2574854

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

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

**2** **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| | **(a)** Region | **(b)** Number of offices in the region | **(c)** Number of employees, agents, and independent contractors in the region | **(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | **(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region | **(f)** Total expenditures for and investments in the region |
|---|---|---|---|---|---|---|
| **(1)** | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 1 | 0 | PROGRAM SERVICES | PROGRAM ACTIVITIES | 476,372 |
| **(2)** | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | PROGRAM SERVICES | PROGRAM ACTIVITIES | 153,300 |
| **(3)** | | | | | | |
| **(4)** | | | | | | |
| **(5)** | | | | | | |
| **(6)** | | | | | | |
| **(7)** | | | | | | |
| **(8)** | | | | | | |
| **(9)** | | | | | | |
| **(10)** | | | | | | |
| **(11)** | | | | | | |
| **(12)** | | | | | | |
| **(13)** | | | | | | |
| **(14)** | | | | | | |
| **(15)** | | | | | | |
| **(16)** | | | | | | |
| **(17)** | | | | | | |
| **3a** | Sub-total . . . . | 1 | 0 | | | 629,672 |
| **b** | Total from continuation sheets to Part I . . . | 0 | 0 | | | 0 |
| **c** | **Totals** (add lines 3a and 3b) | 1 | 0 | | | 629,672 |

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

| 1 | **(a)** Name of organization | **(b)** IRS code section and EIN (if applicable) | **(c)** Region | **(d)** Purpose of grant | **(e)** Amount of cash grant | **(f)** Manner of cash disbursement | **(g)** Amount of noncash assistance | **(h)** Description of noncash assistance | **(i)** Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . _____

3 Enter total number of other organizations or entities . . . . . _____

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

| | (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| (1) | FOOD, MEDICAL, TRANSPORTATION, WATER FILTERS, EDUCATIONAL AND VOCATIONAL TRAINING FEES AND SUPPLIES. | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 3,099 | 114,705 | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |
| (17) | | | | | | | | |
| (18) | | | | | | | | |

## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . | ☐ Yes | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . | ☐ Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . | ☐ Yes | ☑ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . | ☐ Yes | ☑ No |

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| ReturnReference | Explanation |
|---|---|
| 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 AUDITS. LIRS PERIODICALLY PROVIDES TRAINING ON THE UNIFORM GUIDANCE, GAAP, AND SPECIFIC ACCOUNTING ISSUES RELEVANT TO LIRS ISSUED SUB-AWARDS. LIRS MAINTAINS A CHECKLIST OF VARIOUS ASPECTS OF EACH SUB-RECIPIENT'S FINANCIAL STATUS, COMPLIANCE, PROCEDURES AND ACCOUNTING SYSTEMS USED FOR COST ALLOCATION AND CAPTURING IN-KIND CONTRIBUTIONS. PERIODICALLY, AND WHENEVER ISSUES ARE IDENTIFIED, LIRS CONDUCTS ON-SITE FINANCIAL MONITORING TO SPEAK WITH STAFF AND DIRECTLY OBSERVE SYSTEMS AND PROCESSES. |
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## Additional Data

**Software ID:**

**Software Version:**

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

**Schedule I (Form 990)**
(Rev. January 2015)
Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization
LUTHERAN IMMIGRATION & REFUGEE SERVICE INC DBA GLOBAL REFUGEE

Employer identification number
13-2574854

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to Governments and Domestic Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) CANOPY NORTHWEST ARKANSAS<br>2592 N GREGG AVE 40<br>FAYETTEVILLE,AR 72703 | 81-1305235 | 501(C)(3) | 965,250 | 0 | | | REFUGEE RESETTLEMENT |
| (2) LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST<br>2502 E UNIVERSITY DRIVE STE 125<br>PHOENIX,AZ 85034 | 86-0252302 | 501(C)(3) | 1,020,458 | 0 | | | ASYLUM SERVICES; CHILDREN AND FAMILY SERVICES; RESETTLEMENT AND INTEGRATION SERVICES |
| (3) BETHANY CHRISTIAN SERVICES OF MICHIGAN<br>901 EASTERN AVE NE<br>GRAND RAPIDS,MI 49501 | 38-3542119 | 501(C)(3) | 34,600,216 | 0 | | | CHILDREN AND FAMILY SERVICES; RESETTLEMENT AND INTEGRATION SERVICES |
| (4) CHRIS 180<br>1017 FAYETTEVILLE RD SOUTHEAST<br>ATLANTA,GA 30316 | 58-1430183 | 501(C)(3) | 1,393,364 | 0 | | | CHILDREN SERVICES |
| (5) THE WOMEN'S BUILDING<br>ATTN ACCOUNTING DEPT<br>3543 18TH ST 8<br>SAN FRANCISCO,CA 94110 | 94-1730620 | 501(C)(3) | 705,723 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (6) CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE<br>PO BOX 1668<br>BATON ROUGE,LA 70808 | 72-0590685 | 501(C)(3) | 319,656 | 0 | | | CHILDREN SERVICES |
| (7) CATHOLIC CHARITIES OF THE DIOCESE OF WILMINGTON<br>2601 W 4TH ST<br>WILMINGTON,DE 19805 | 51-0065685 | 501(C)(3) | 135,024 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (8) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON-HOUSTON<br>2900 LOUISIANA ST<br>HOUSTON,TX 77006 | 74-1109733 | 501(C)(3) | 452,427 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (9) CATHOLIC CHARITIES OF LOS ANGELES INC<br>1531 JAMES M WOOD BLVD<br>LOS ANGELES,CA 90015 | 95-1690973 | 501(C)(3) | 1,320,739 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (10) CATHOLIC CHARITIES OF LOUISVILLE<br>2222 W MARKET ST<br>LOUISVILLE,KY 40212 | 61-1239600 | 501(C)(3) | 183,590 | 0 | | | CHILDREN SERVICES |
| (11) CATHOLIC CHARITIES OF BALTIMORE<br>ESPERANZA CENTER<br>430 S BROADWAY<br>BALTIMORE,MD 21231 | 52-0591538 | 501(C)(3) | 37,933 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (12) CATHOLIC CHARITIES OF SOUTHWEST OHIO ARCHDIOCESE OF CINCINNATI 7162 READING ROAD SUITE 600<br>CINCINNATI O<br>CINCINNATI,OH 45237 | 31-0536968 | 501(C)(3) | 151,109 | 0 | | | CHILDREN SERVICES |
| (13) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK<br>590 NORTH 7TH STREET<br>NEWARK,NJ 07107 | 22-2164120 | 501(C)(3) | 144,012 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (14) CATHOLIC CHARITIES OF SOUTHWEST KANSAS<br>906 CENTRAL AVENUE<br>DODGE CITY,KS 67801 | 48-0697602 | 501(C)(3) | 138,514 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (15) CATHOLIC CHARITIES OF TENNESSEE INC<br>2806 MCGAVOCK PIKE<br>NASHVILLE,TN 37214 | 62-0679520 | 501(C)(3) | 38,370 | 0 | | | CHILDREN SERVICES |
| (16) COMMUNITY LEGAL CENTER<br>80 MONROE AVENUE SUITE 415<br>MEMPHIS,TN 381035406 | 62-1558675 | 501(C)(3) | 173,011 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (17) LUTHERAN FAMILY SERVICES OF ROCKY MOUNTAINS<br>1600 DOWNING ST SUITE 600<br>DENVER,CO 80218 | 84-0775550 | 501(C)(3) | 3,238,807 | 0 | | | CHILDREN SERVICES |
| (18) CREATIVE SOLUTIONS FOR KIDS & FAMILIES<br>1405 SPRUCE ST STE A<br>RIVERSIDE,CA 92507 | 20-2882315 | 501(C)(3) | 663,296 | 0 | | | CHILDREN SERVICES |
| (19) LUTHERAN SERVICES IN AMERICA<br>100 MARYLAND AVE NE SUITE 500<br>WASHINGTON,DC 20002 | 36-3304707 | 501(C)(3) | 3,750,126 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (20) DIAKON CHILD FAMILY & COMMUNITY MINISTRIES<br>1022 NORTH UNION STREET<br>ALLENTOWN,PA 18109 | 46-5390969 | 501(C)(3) | 500,427 | 0 | | | REFUGEE RESETTLEMENT |
| (21) LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA<br>4615 PHILIPS HIGHWAY<br>JACKSONVILLE,FL 32207 | 59-1965600 | 501(C)(3) | 928,726 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (22) LUTHERAN SERVICES FLORIDA<br>3627 WEST WATERS AVENUE<br>TAMPA,FL 33614 | 59-2198911 | 501(C)(3) | 3,107,823 | 0 | | | CHILDREN SERVICES |
| (23) LUTHERAN MINISTRIES OF GEORGIA<br>ATTN JOHN SHERIKIS<br>756 WEST PEACHTREE ST NW<br>ATLANTA,GA 30308 | 58-1535692 | 501(C)(3) | 4,214,662 | 0 | | | CHILDREN SERVICES |
| (24) LUTHERAN SERVICES IN IOWA<br>3125 COTTAGE GROVE AVENUE<br>DES MOINES,IA 503113809 | 42-0698267 | 501(C)(3) | 2,327,487 | 0 | | | CHILDREN AND FAMILY SERVICES; RESETTLEMENT AND INTEGRATION SERVICES |
| (25) ICNA RELIEF USA PROGRAMS INC<br>1529 JERICHO TURNPIKE<br>NEW HYDE PARK,NY 11040 | 04-3810161 | 501(C)(3) | 1,763,627 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (26) JEWISH VOCATIONAL SERVICE<br>4600 THE PASEO<br>KANSAS CITY,MO 641101826 | 43-0984198 | 501(C)(3) | 362,762 | 0 | | | TRANSITIONAL FOSTER CARE |
| (27) KENNEDY-DONOVAN CENTER INC<br>ONCE COMMERCIAL STREET<br>FOXBORO,MA 02035 | 04-2519028 | 501(C)(3) | 155,398 | 0 | | | TRANSITIONAL FOSTER CARE |
| (28) LUTHERAN FAMILY SERVICES OF VA INC<br>ATTN FREIDA KING 2609 MC VITTY ROAD<br>ROANOKE,VA 24018 | 54-1222012 | 501(C)(3) | 3,785,988 | 0 | | | CHILDREN SERVICES |
| (29) LUTHERAN SERVICES NEW ENGLAND<br>261 SHEEP DAVIS RD SUITE A-1<br>CONCORD,NH 03301 | 04-3566244 | 501(C)(3) | 3,868,940 | 0 | | | CHILDREN SERVICES |
| (30) CHARLOTTE CENTER FOR LEGAL ADVOCACY<br>1431 ELIZABETH AVE<br>CHARLOTTE,NC 28204 | 56-1202940 | 501(C)(3) | 240,205 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (31) MOSAIC FAMILY SERVICES INC<br>4144 NORTH CENTRAL EXPRESSWAY SUITE 530<br>DALLAS,TX 75204 | 75-2484565 | 501(C)(3) | 194,005 | 0 | | | CHILDREN SERVICES |
| (32) LUTHERAN SOCIAL SERVICES OF MICHIGAN<br>ATTN LORENA BENCSIK<br>8131 EAST JEFFERSON<br>DETROIT,MI 482142691 | 38-1360553 | 501(C)(3) | 3,495,022 | 0 | | | REFUGEE RESETTLEMENT |
| (33) LUTHERAN SOCIAL SERVICE OF MINNESOTA<br>2414 PARK AVENUE<br>MINNEAPOLIS,MN 55404 | 41-0872993 | 501(C)(3) | 1,845,598 | 0 | | | CHILDREN AND FAMILY SERVICES; RESETTLEMENT AND INTEGRATION SERVICES |
| (34) LUTHERAN FAMILY SERVICES IN THE CAROLINAS<br>PO BOX 2369<br>SALISBURY,NC 281452369 | 56-1286323 | 501(C)(3) | 6,088,424 | 0 | | | CHILDREN SERVICES |
| (35) LUTHERAN FAMILY SERVICES OF NEBRASKA INC<br>124 S 24TH ST SUITE 230<br>OMAHA,NE 68102 | 23-7267972 | 501(C)(3) | 1,575,561 | 0 | | | CHILDREN AND FAMILY SERVICES; RESETTLEMENT AND INTEGRATION SERVICES |
| (36) NORTHERN VIRGINIA FAMILY SERVICE<br>10455 WHITE GRANITE DRIVE SUITE 100<br>OAKTON,VA 22124 | 54-0791977 | 501(C)(3) | 259,531 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (37) LUTHERAN SOCIAL SERVICES OF METROPOLITAN NEW YORK C/O COMMUNITY SERVICES 475 RIVERSIDE DRIVE SUITE 1244<br>NEW YORK,NY 10115 | 13-2658548 | 501(C)(3) | 1,528,440 | 0 | | | CHILDREN SERVICES |
| (38) MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES<br>201 BLEECKER ST<br>UTICA,NY 135012210 | 16-1158764 | 501(C)(3) | 570,848 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (39) LUTHERAN FAMILY SERVICES OF OREGON & SW WASHINGTON MULTICULTURAL COMMUNITY SERVICES<br>605 S E 39TH AVENUE<br>PORTLAND,OR 972143298 | 93-0386860 | 501(C)(3) | 2,880,949 | 0 | | | CHILDREN SERVICES |
| (40) REFUGEE AND IMMIGRANT SERVICES & EDUCATION<br>PO BOX 866<br>NOEL,MO 64854 | 82-1779829 | 501(C)(3) | 414,913 | 0 | | | REFUGEE RESETTLEMENT |
| (41) LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA<br>705 41ST ST<br>SIOUX FALLS,SD 57105 | 46-0224731 | 501(C)(3) | 432,061 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (42) ST FERDINAND OUTREACH CENTER<br>1109 CORONEL ST<br>SAN FERNANDO,CA 91340 | 95-1684078 | 501(C)(3) | 238,864 | 0 | | | REFUGEE RESETTLEMENT |
| (43) UPBRING<br>8305 CROSS PARK DRIVE<br>AUSTIN,TX 78754 | 74-1109745 | 501(C)(3) | 516,591 | 0 | | | CHILDREN AND FAMILY SERVICES; RESETTLEMENT AND INTEGRATION SERVICES |
| (44) LUTHERAN SOCIAL SERVICES OF WISCONSIN UPPER MICHIGAN PO BOX 88736<br>MILWAUKEE,WI 532880736 | 39-0816846 | 501(C)(3) | 641,154 | 0 | | | REFUGEE RESETTLEMENT |
| (45) INTERNATIONAL CHRISTIAN ADOPTIONS<br>41745 RIDER WAY 2<br>TEMECULA,CA 92590 | 33-0412343 | 501(C)(3) | 13,090 | 0 | | | REFUGEE RESETTLEMENT |
| (46) ALLIED NETWORK FOR SOCIAL ASSISTANCE AND RESOURCES (ANSAR)<br>416 WASHINTON AVE<br>CARNEGIE,PA 15106 | 81-4052305 | 501(C)(3) | 24,000 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (47) BISMARCK GLOBAL NEIGHBORS<br>206 BRODWAY AVE<br>BISMARCK,ND 58501 | 81-5049240 | 501(C)(3) | 31,691 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (48) CHURCH WORLD SERVICES<br>475 RIVERSIDE DR SUITE 700<br>NEW YORK,NY 10115 | 13-4080201 | 501(C)(3) | 8,256 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (49) GLOBAL FRIENDS COALITION<br>1815 DEMERS AVE<br>GRAND FORKS,ND 58201 | 26-3217384 | 501(C)(3) | 24,902 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (50) GROWING TOGETHER COMMUNITY GARDENS<br>3600 25TH ST<br>SOUTH FARGO,ND 58104 | 84-2916822 | 501(C)(3) | 6,000 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (51) REFUGEES HELPING REFUGEES<br>228 PLYMOUTH AVE SUITE 200<br>ROCHESTER,NY 14608 | 47-0848029 | 501(C)(3) | 53,075 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (52) UNETE CENTER FOR FARM WORKER ADVOCACY<br>607 W MAIN ST<br>MEDFORD,OR 97501 | 26-1810916 | 501(C)(3) | 10,900 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (53) YOUTH FOR TOMORROW NEW LIFE CENTER<br>11835 HAZEL CIR DR<br>BRISTOW,VA 20136 | 52-1342268 | 501(C)(3) | 722,249 | 0 | | | CHILDREN AND FAMILY SERVICES |
| (54) ETHIOPIAN TEWAHEDO SOCIAL SERVICES<br>4300 EAST BROAD STREET SUITE D<br>WHITEHALL,OH 432131243 | 20-3525591 | 501(C)(3) | 617,087 | 0 | | | RESETTLEMENT AND INTEGRATION SERVICES |
| (55) YOUNG WOMAN'S CHRISTIAN ASSOCIATION<br>423 LINCOLN HWY E<br>COATESVILLE,PA 19320 | 73-0579229 | 501(C)(3) | 69,506 | 0 | | | CHILDREN AND FAMILY SERVICES |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 55

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|
| (1) GIFT CARDS AND FINANCIAL ASSISTANCE | 1937 | 1,084,003 | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|---|---|
| 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 AUDITS. LIRS PERIODICALLY PROVIDES TRAINING ON THE UNIFORM GUIDANCE, GAAP, AND SPECIFIC ACCOUNTING ISSUES RELEVANT TO LIRS ISSUED SUB-AWARDS. LIRS MAINTAINS A CHECKLIST OF VARIOUS ASPECTS OF EACH SUB-RECIPIENT'S FINANCIAL STATUS, COMPLIANCE, PROCEDURES AND ACCOUNTING SYSTEMS USED FOR COST ALLOCATION AND CAPTURING IN-KIND CONTRIBUTIONS. PERIODICALLY, AND WHENEVER ISSUES ARE IDENTIFIED, LIRS CONDUCTS ON-SITE FINANCIAL MONITORING TO SPEAK WITH STAFF AND DIRECTLY OBSERVE SYSTEMS AND PROCESSES. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Schedule J** (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**Employer identification number**
13-2574854

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) | | |
| **b** | If any of the boxes 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . . | **2** | Yes | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? . . . . . | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? . . . . . | **5a** | | No |
| **b** | Any related organization? . . . . . | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? . . . . . | **6a** | | No |
| **b** | Any related organization? . . . . . | **6b** | | No |
| | 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 not described in lines 5 and 6? If "Yes," describe in Part III . . . . . | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . . | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . | **9** | | |

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

| **(A)** Name and Title | | **(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| **1** KRISH O'MARA VIGNARAJAH<br>CEO | **(i)** | 686,399 | 0 | 0 | 32,688 | 11,585 | 730,672 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** GERI O'DONOGHUE<br>VICE PRES HUMAN RESOURCES | **(i)** | 221,328 | 0 | 0 | 22,575 | 20,619 | 264,522 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3** F ANDREW PEPITO<br>CFO - UNTIL 8/29/25 | **(i)** | 220,781 | 0 | 0 | 20,926 | 640 | 242,347 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4** MARIA MASKELL<br>VICE PRESIDENT OF IT | **(i)** | 184,676 | 0 | 0 | 19,000 | 26,058 | 229,734 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5** LORIE DAVIDSON<br>VP FOR CHILDREN & FAMILY S | **(i)** | 195,287 | 0 | 0 | 19,702 | 13,085 | 228,074 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6** ANDREW STEELE<br>VP DEVELOPMENT AND MOBILIZ | **(i)** | 188,001 | 0 | 0 | 13,230 | 18,133 | 219,364 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7** ERIN TAYLOR<br>CHIEF COMMUNICATIONS OFFIC | **(i)** | 184,600 | 0 | 0 | 12,222 | 19,010 | 215,832 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|---|---|
| PART I, LINE 4B | CEO KRISH O'MARA VIGNARAJAH RECEIVED A PAYMENT OF $22,500 FROM A SECTION 457(B) PLAN. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

**Schedule K (Form 990)**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

**Complete if the organization answered "Yes" to Form 990, Part VI, 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.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**Employer identification number**
13-2574854

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | MARYLAND ECONOMIC DEVELOPMENT CORP | 52-1376562 | 57420NOAV | 07-26-2007 | 5,942,546 | ADVANCE REFUNDING OF REVENUE BONDS | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | 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 | | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)? | | X | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)? | X | | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

## Part III Private Business Use

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| 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? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| 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? | | X | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. | | | | | | | | |
| c | 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? | X | | | | | | | |

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | | | | | |
| b | Exception to rebate? | | X | | | | | | |
| c | No rebate due? | X | | | | | | | |
| | 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? | | X | | | | | | |

## Part IV Arbitrage (Continued)

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| 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)? | | X | | | | | | |
| 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? | | X | | | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

## Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | | | | | | |

## Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

| Return Reference | Explanation |
|---|---|
| DATE REBATE COMPUTATION PERFORMED | 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. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

# SCHEDULE O
(Form 990)
(Rev. January 2025)
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 990-EZ.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**Employer identification number**
13-2574854

| Return Reference | Explanation |
|---|---|
| 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 VI, SECTION B, LINE 11B | 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 CEO SALARY RANGE THAT IS COMPETITIVE WITH SIMILAR NON-PROFITS IN THE SAME GEOGRAPHIC AREA. THE FINDINGS ARE PRESENTED TO THE BOARD'S EXECUTIVE COMPENSATION 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. 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, 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. |
| PART VIII AND PART IX | DURING THE YEAR THE ORGANIZATION WAS AFFECTED BY THE 1/24/2025 STOP WORK ORDER ISSUED BY THE POPULATION, REFUGEE AND MIGRATION OFFICE OF THE DOS, AND EXPERIENCED SIGNIFICANT SCALE BACK IN ITS GOVERNMENT FUNDED OPERATIONS AS A RESULT OF DRASTIC REDUCTIONS IN REFUGEE ARRIVALS AND RELATED RELIEF PROGRAMS. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

# SCHEDULE R (Form 990)

(Rev. January 2025)

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**

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

**Employer identification number**
13-2574854

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| **(1)** LUTHERAN CENTER CORPORATION<br>700 LIGHT STREET<br><br>BALTIMORE, MD 21230<br>52-2055143 | SEE PART VII | MD | 501(C)(3) | LINE 12A, I | LUTHERAN IMMIGRATION & REFUGEE SERVICE INC | | No |
| **(2)** NEW AMERICAN COMMUNITY LENDING CORPORATION<br>700 LIGHT STREET<br><br>BALTIMORE, MD 21230<br>88-3474687 | SEE PART VII | MD | 501(C)(3) | LINE 12A, I | LUTHERAN IMMIGRATION & REFUGEE SERVICE INC | | No |
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**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) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) Disproprtionate allocations? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**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 country) | (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 | (i) Section 512(b)(13) controlled entity? Yes | (i) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)** NEW AMERICAN CAREERS INC<br><br>700 LIGHT STREET<br>BALTIMORE, MD 21230<br>93-3141777 | REFUGEE EMPLOYMENT SERVICES | MD | LUTHERAN IMMIGRATION & REFUGEE SERVICE INC | C | 94,402 | 46,510 | 100.000 % | | No |
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## Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | No |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | | No |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | No |
| e | Loans or loan guarantees by related organization(s) | 1e | | No |
| f | Dividends from related organization(s) | 1f | | No |
| g | Sale of assets to related organization(s) | 1g | | No |
| h | Purchase of assets from related organization(s) | 1h | | No |
| i | Exchange of assets with related organization(s) | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | Yes | |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | Yes | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| o | Sharing of paid employees with related organization(s) | 1o | | No |
| p | Reimbursement paid to related organization(s) for expenses | 1p | Yes | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | Yes | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No |
| s | Other transfer of cash or property from related organization(s) | 1s | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
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**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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## Part VII Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE R, PART II, COLUMN (B) | NAME OF RELATED ORGANIZATION: LUTHERAN CENTER CORPORATION PRIMARY ACTIVITY: PROVIDES OFFICE SPACE FOR VARIOUS LUTHERAN AND AFFILIATED CHARITABLE ORGANIZATIONS. |
| SCHEDULE R, PART II, COLUMN (B) | NAME OF RELATED ORGANIZATION: NEW AMERICAN COMMUNITY LENDING CORPORATION PRIMARY ACTIVITY: FINANCIALLY EMPOWERS REFUGEES, IMMIGRANTS, AND ASYLUM SEEKERS TO PROMOTE STABILITY, SECURITY AND A SHARE IN THE AMERICAN DREAM. |



## Additional Data

Return to Form

**Software ID:**

**Software Version:**