

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC. Doing business as		D Employer identification number 13-2574854
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 LIGHT STREET		E Telephone number 410-230-0700
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21230-3850		G Gross receipts \$ 114,907,013.
	F Name and address of principal officer: KRISH O'MARA VIGNARAJAH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LIRS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966	M State of legal domicile: MD

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	252
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	61,270,188.	112,710,496.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,967,506.	1,841,806.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-222,451.	45,682.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,356.	67,837.
		63,067,599.	114,665,821.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,970,521.	73,567,847.
	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)	8,057,537.	14,425,049.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	341,995.	471,500.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,723,971.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,957,411.	10,061,544.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,327,464.	98,525,940.	
19 Revenue less expenses. Subtract line 18 from line 12	1,740,135.	16,139,881.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	34,472,909.	69,973,896.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,424,303.	32,887,937.
	21,048,606.	37,085,959.	

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: <i>F. Andrew Pepito</i>		Date: 9/30/22		
	F. ANDREW PEPITO, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name HARRISON PEREIRA	Preparer's signature	Date 09/30/22	Check if self-employed <input type="checkbox"/>	PTIN P00746867
	Firm's name ▶ TAIT, WELLER & BAKER LLP Firm's address ▶ 50 SOUTH 16TH STREET, SUITE 2900 PHILADELPHIA, PA 19102			Firm's EIN ▶ 23-1144520 Phone no. 215-979-8800	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 56,790,846. including grants of \$ 50,371,714.) (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. THESE CHILDREN HAVE TYPICALLY FLED WAR, CIVIL CONFLICT, PERSECUTION, TRAFFICKING, EXTREME POVERTY, OR MALTREATMENT. LIRS APPROACHES ITS WORK WITH INTEGRITY AND UPHOLDS THE FOLLOWING PRINCIPLES IN SERVING CHILDREN: DECISION-MAKING BASED ON THE BEST INTERESTS OF THE CHILD; PRESERVING FAMILY UNITY; PLACEMENTS OF CHILDREN IN THE LEAST RESTRICTIVE SETTING; PRIORITIZING CHILD PROTECTION; AND PROVIDING SERVICES WITH QUALITY AND INNOVATION. 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

4b (Code:) (Expenses \$ 30,913,488. including grants of \$ 23,163,265.) (Revenue \$) RESETTLEMENT: IN FY2021, LIRS RESETTLED 2,550 REFUGEES, UNACCOMPANIED REFUGEE MINORS AND SIVS (AFGHAN SPECIAL IMMIGRANT VISAS WHO SERVED OVERSEAS ALONGSIDE THE US ARMED FORCES) FROM 28 COUNTRIES THROUGH ITS NETWORK OF LOCAL SOCIAL MINISTRY ORGANIZATIONS IN 50 LOCATIONS ACROSS THE UNITED STATES, PREPARING A PLACE OF WELCOME TO MEET THE PARTICULAR NEEDS OF THE REFUGEES AND ENGAGING LOCAL CHURCHES AND COMMUNITIES TO ASSIST REFUGEES TO BECOME SELF-RELIANT MEMBERS OF THEIR NEW COMMUNITIES. THE TOP FIVE COUNTRIES OF ORIGIN OF RESETTLED REFUGEES IN FY21 WERE AFGHANISTAN, DEMOCRATIC REPUBLIC OF CONGO, UKRAINE, SYRIA AND MYANMAR. LIRS REFUGEE RESETTLEMENT PROGRAMMING INCLUDES: 1. THE STATE DEPARTMENT FUNDED RECEPTION AND PLACEMENT PROGRAMMING-LIRS

4c (Code:) (Expenses \$ 1,982,797. including grants of \$ 18,980.) (Revenue \$) MIGRANT SERVICES: LIRS PARTNERS WITH PRIVATE FUNDING SOURCES SUCH AS LATTER-DAY SAINTS CHARITIES AND THE EVANGELICAL LUTHERAN CHURCH OF AMERICA TO PROVIDE EMERGENCY SUPPORT SERVICES AND CASE MANAGEMENT TO MIGRANTS RELEASED FROM DEPARTMENT OF HOMELAND SECURITY CUSTODY THROUGH 8 PARTNERS IN 9 SITES ACROSS THE UNITED STATES. IN FY21, THE POST RELEASE EMPOWERMENT PROGRAM (PREP) PROVIDED 2,514 MIGRANTS OF OVER 50 DIFFERENT NATIONALITIES WITH BASIC NEEDS SUCH AS SHELTER, FOOD, SHOWERS, AND SUPPLIES AFTER BEING RELEASED FROM ICE DETENTION. THE STABLE TRANSITION AND EMPOWERMENT PROGRAM (STEP) PROVIDED 253 MIGRANTS WITH 90 DAYS OF CASE MANAGEMENT SERVICES INCLUDING REFERRALS TO LEGAL SERVICES, KNOW YOUR RIGHTS ORIENTATION, SCHOOL ENROLLMENT FOR CHILDREN, AND ASSISTANCE

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,472,356. including grants of \$ 13,888.) (Revenue \$ 1,841,806.)

4e Total program service expenses 91,159,487.

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 252		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
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		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
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? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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

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

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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

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**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 **F. ANDREW PEPITO, CHIEF FINANCIAL OFFICER - 410-230-2733**
700 LIGHT STREET, BALTIMORE, MD 21230

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, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization 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 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) KRISH O'MARA VIGNARAJAH CEO	40.00 1.00			X				403,605.	0.	26,309.
(2) LEE WILLIAMS VICE PRES PROGRAMS	40.00				X			221,877.	0.	30,416.
(3) GERI O'DONOGHUE VICE PRES HUMAN RESOURCES	40.00 1.00				X			170,435.	0.	25,367.
(4) HANNIBAL BRUMSKINE CFO (THROUGH AUGUST 2021)	40.00			X				152,461.	0.	24,572.
(5) MARIA MASKELL DIRECTOR FOR IT	40.00					X		134,178.	0.	30,750.
(6) ANDREW STEELE VICE PRES DEVELOPMENT & OUTREACH	40.00					X		143,862.	0.	16,969.
(7) LORIE DAVIDSON DIR CHILDREN & FAMILY SERV	40.00					X		132,064.	0.	11,756.
(8) MEGAN BRACY DIR REFUGEE & MIGRANT SERV	40.00					X		118,924.	0.	8,836.
(9) CHRIS BIZIMUNGU DIR OF GRANTS, ACCOUNTING, AND FINAN	40.00					X		101,902.	0.	20,289.
(10) F. ANDREW PEPITO CFO (STARTING SEPTEMBER 2021)	40.00			X				66,121.	0.	4,930.
(11) ELIZABETH B. WAGNER CHAIR	3.00	X		X				0.	0.	0.
(12) MICHELE SPEAKS VICE CHAIR	3.00	X		X				0.	0.	0.
(13) DENNIS WIECKERT TREASURER	3.00	X		X				0.	0.	0.
(14) JAN ENKASSER SECRETARY	3.00	X		X				0.	0.	0.
(15) EVELYN SOTO DIRECTOR	3.00	X						0.	0.	0.
(16) RANDALL JOHNSON DIRECTOR	3.00	X						0.	0.	0.
(17) CARLOS PENA DIRECTOR	3.00	X						0.	0.	0.

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 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) DR. DIANA MARTHA POHLE DIRECTOR	3.00	X						0.	0.	0.
(19) EDDIE RESESNDE DIRECTOR	3.00	X						0.	0.	0.
(20) VIRGINIA HULTQUIST DIRECTOR	3.00	X						0.	0.	0.
(21) JOHN R. MOELLER, JR DIRECTOR	3.00	X						0.	0.	0.
(22) MUTUOR ALIER DIRECTOR	3.00	X						0.	0.	0.
(23) FAITH ASHTON DIRECTOR	3.00	X						0.	0.	0.
(24) DIANE BATCHIK DIRECTOR	3.00	X						0.	0.	0.
(25) BISHOP PAUL ERICKSON DIRECTOR	3.00	X						0.	0.	0.
(26) DR. GEORGE VIJI DIRECTOR	3.00	X						0.	0.	0.
1b Subtotal								1,645,429.	0.	200,194.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,645,429.	0.	200,194.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
XELERATE P.O. BOX 821, SWEDESBORO, NJ 08085	OUTSOURCE RECRUITING	399,700.
THE HARRINGTON AGENCY 329 DICKINSON AVE., SWARTHMORE, PA 19081	FUNDRAISING CONSULTANTS	366,692.
COMMUNITY IT INNOVATORS, INC. P.O. BOX 220278, CHANTILLY, VA 20153	IT SERVICES	163,783.
IDEALIST CONSULTING, 4076 N. MISSISSIPPI AVENUE, PORTLAND, OR 97227	IT SERVICES	145,365.
DOBIE ASSOCIATES 30 DANA PLACE, LONG BEACH, CA 90803	STRATEGIC PLANNING	111,120.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) YARED HALCHE DIRECTOR	3.00	X						0.	0.	0.
(28) REV. RAFAEL MALPICA-PADILLA DIRECTOR	3.00	X						0.	0.	0.
(29) BRYN PARCHMAN DIRECTOR	3.00	X						0.	0.	0.
(30) CLARANCE SMITH DIRECTOR	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	93,189,156.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,521,340.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			112,710,496.			
Program Service Revenue	2 a SERVICE FEES LOANS	Business Code					
	b SERVICE FEES - OTHER			1,175,647.	1,175,647.		
	c			666,159.	666,159.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,841,806.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			153,935.		153,935.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other		132,939.		
	b Less: cost or other basis and sales expenses	7b		241,192.			
c Gain or (loss)	7c		-108,253.				
d Net gain or (loss)			-108,253.		-108,253.		
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	67,837.		67,837.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			67,837.			
12 Total revenue. See instructions			114,665,821.	1,841,806.	0.	113,519.	

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 ...	73,548,390.	73,548,390.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,457.	19,457.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,137,392.		1,137,392.	
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	10,045,806.	7,256,503.	2,030,632.	758,671.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	476,324.	341,527.	91,683.	43,114.
9 Other employee benefits	1,954,893.	1,008,783.	845,951.	100,159.
10 Payroll taxes	810,634.	558,525.	194,111.	57,998.
11 Fees for services (nonemployees):				
a Management				
b Legal	131,199.	1,437.	85,657.	44,105.
c Accounting	783,690.	276,079.	507,611.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	471,500.			471,500.
f Investment management fees	612.		612.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	46,949.		46,949.	
12 Advertising and promotion	22,529.		22,497.	32.
13 Office expenses	749,023.	391,439.	202,162.	155,422.
14 Information technology	1,422,623.	953,133.	407,531.	61,959.
15 Royalties				
16 Occupancy	561,388.	549,183.	9,699.	2,506.
17 Travel	159,659.	108,527.	32,769.	18,363.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	22,903.	7,896.	11,665.	3,342.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,556.	36,794.	13,728.	3,034.
23 Insurance	80,661.	80,413.	248.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER OPERATING EXPENSE	6,017,018.	6,017,018.		
b MEMBERSHIP DUES	9,734.	4,383.	1,585.	3,766.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	98,525,940.	91,159,487.	5,642,482.	1,723,971.
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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,565,232.	1	18,187,871.
	2 Savings and temporary cash investments	14,432,590.	2	1,172,231.
	3 Pledges and grants receivable, net	7,054,489.	3	29,234,732.
	4 Accounts receivable, net	422,485.	4	2,030,756.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	204,956.	9	318,214.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,608,358.		
	b Less: accumulated depreciation	10b 612,638.	415,637.	10c 995,720.
	11 Investments - publicly traded securities	22.	11	13,522,641.
	12 Investments - other securities. See Part IV, line 11	278,070.	12	304,739.
	13 Investments - program-related. See Part IV, line 11	3,420,166.	13	3,407,206.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	679,262.	15	799,786.
16 Total assets. Add lines 1 through 15 (must equal line 33)	34,472,909.	16	69,973,896.	
Liabilities	17 Accounts payable and accrued expenses	1,582,163.	17	3,056,339.
	18 Grants payable	9,807,775.	18	27,915,399.
	19 Deferred revenue	148,232.	19	33,257.
	20 Tax-exempt bond liabilities	1,548,705.	20	1,410,679.
	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	337,428.	25	472,263.
	26 Total liabilities. Add lines 17 through 25	13,424,303.	26	32,887,937.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,512,163.	27	32,818,228.
	28 Net assets with donor restrictions	536,443.	28	4,267,731.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	21,048,606.	32	37,085,959.
33 Total liabilities and net assets/fund balances	34,472,909.	33	69,973,896.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	114,665,821.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,525,940.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,139,881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,048,606.
5	Net unrealized gains (losses) on investments	5	-102,528.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,085,959.

Part XII Financial Statements and Reporting

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

- 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? _____
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? _____
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? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
b	X	

Form **990** (2021)

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

2021

Open to Public Inspection

Name of the organization	LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number	13-2574854
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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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 generally must 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,732,359.	47,840,400.	60,524,059.	61,270,188.	112,710,496.	332,077,502.
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	49,732,359.	47,840,400.	60,524,059.	61,270,188.	112,710,496.	332,077,502.
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.						332,077,502.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	49,732,359.	47,840,400.	60,524,059.	61,270,188.	112,710,496.	332,077,502.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	72,894.	153,272.	260,828.	125,423.	153,935.	766,352.
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.)	326,998.	191,070.	85,314.	52,356.	67,837.	723,575.
11 Total support. Add lines 7 through 10						333,567,429.

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

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 2021 (line 6, column (f), divided by line 11, column (f))	14	99.55 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.50 %

16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2017 AMOUNT: \$ 279,236.

2018 AMOUNT: \$ 161,516.

2019 AMOUNT: \$ 85,314.

2020 AMOUNT: \$ 52,356.

2021 AMOUNT: \$ 67,837.

FIDUCIARY FEES

2017 AMOUNT: \$ 27,343.

2018 AMOUNT: \$ 666.

NET LOSS FROM FUNDRAISING EVENTS

INTEREST ON BOND ESCROW FUNDS

2017 AMOUNT: \$ 20,419.

2018 AMOUNT: \$ 28,888.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

LUTHERAN IMMIGRATION & REFUGEE SERVICE,
INC.

Employer identification number

13-2574854

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number 13-2574854
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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
1	DEPARTMENT OF STATE/BUREAU OF PRM 2401 E STREET NW, SA-A, L 308 WASHINGTON, DC 20522	\$ 27,582,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPARTMENT OF HHS/OFFICE OF ORR 370 L'ENFANT PROMENADE SW WASHINGTON, DC 20447	\$ 65,606,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number 13-2574854
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number 13-2574854
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from 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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number 13-2574854
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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 (grassroots 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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

Schedule C (Form 990) 2021

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)		(b)
	Yes	No	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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		25,720.
e Publications, or published or broadcast statements?	X		8,538.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		39,852.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		13,409.
i Other activities?		X	
j Total. Add lines 1c through 1i			87,519.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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,

Part IV Supplemental Information *(continued)*

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' MISSION. SUCH AN EVENT MAY ALSO OPPOSE OR ADVOCATE FOR A

PARTICULAR PIECE OF LEGISLATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 make significant use of its collection items (check all that apply):
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be 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 on 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 line 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		310,320.	114,200.	196,120.
d Equipment		640,099.	498,438.	141,661.
e Other		657,939.		657,939.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				995,720.

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. (Col. (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. (Col. (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	
(2) OPERATING LEASE LIABILITIES	472,263.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	472,263.

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 FASB 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	118,210,843.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-102,528.
b	Donated services and use of facilities	2b	3,648,162.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,545,634.
3	Subtract line 2e from line 1	3	114,665,209.
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	612.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	612.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	114,665,821.

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	102,173,490.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,648,162.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,648,162.
3	Subtract line 2e from line 1	3	98,525,328.
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	612.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	612.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	98,525,940.

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.

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 (2018-2020) OR EXPECTED TO BE TAKEN IN LIRS'S 2021 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.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.**

Employer identification number
13-2574854

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input checked="checked" type="checkbox"/> Mail solicitations | e <input checked="checked" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="checked" type="checkbox"/> Internet and email solicitations | f <input checked="checked" type="checkbox"/> Solicitation of government grants |
| c <input checked="checked" type="checkbox"/> Phone solicitations | g <input checked="checked" type="checkbox"/> Special fundraising events |
| d <input checked="checked" type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HARRINGTON AGENCY - 329 DICKSON AVENUE, SWARTHMORE,	CONSULTING		X	0.	366,692.	-366,692.
DIRECT MAIL PROCESSING - 2900 DELK RD SE, MARIETTA, GA	DIRECT MAIL		X	0.	28,068.	-28,068.
Total					394,760.	-394,760.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: HARRINGTON AGENCY

(I) ADDRESS OF FUNDRAISER: 329 DICKSON AVENUE, SWARTHMORE, PA 19081

(I) NAME OF FUNDRAISER: DIRECT MAIL PROCESSING

(I) ADDRESS OF FUNDRAISER: 2900 DELK RD SE, MARIETTA, GA 30067

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **LUTHERAN IMMIGRATION & REFUGEE SERVICE,
INC.**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST - 10201 S. 51ST STREET, STE. 180 - PHOENIX, AZ 85044-5235	86-0252302	501(C)(3)	1,299,014.	0.			CHILDREN SERVICES
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX 294 GRAND RAPIDS, MI 49501-0294	38-1405282	501(C)(3)	28,885,667.	0.			CHILDREN SERVICES
CANOPY NW ARKANSAS 2925 N OLD MISSOURI RD FAYETTEVILLE, AR 72703-4412	81-1305235	501(C)(3)	463,376.	0.			REFUGEE RESETTLEMENT
SAN FRANCISCO WOMEN'S CENTER 3543 18TH STREET, #8 SAN FRANCISCO, CA 94110-1698	94-1730620	501(C)(3)	840,053.	0.			REFUGEE RESETTLEMENT
CATHOLIC CHARITIES OF BATON ROUGE 1900 SOUTH ACADIAN THRUWAY BATON ROUGE, LA 70808	72-0590685	501(C)(3)	356,751.	0.			CHILDREN SERVICES
CATHOLIC CHARITIES OF GALVESTON-HOUSTON - 2900 LOUISIANA STREET - HOUSTON, TX 77006-3435	74-1109733	501(C)(3)	349,886.	0.			CHILDREN SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 50
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF LOS ANGELES 1531 JAMES M. WOOD BLVD LOS ANGELES, CA 90015	95-1690973	501(C)(3)	964,861.	0.			CHILDREN SERVICES
ASSOCIATED CATHOLIC CHARITIES (ESPERANZA CENTER) - 430 S. BROADWAY - BALTIMORE, MD 21231-2409	52-0591538	501(C)(3)	309,748.	0.			CHILDREN SERVICES
CATHOLIC CHARITIES OF SOUTHWESTERN OHIO - 100 EAST EIGHT STREET - CINCINNATI, OH 45202	31-0536968	501(C)(3)	222,469.	0.			CHILDREN SERVICES
CATHOLIC CHARITIES OF NEWARK 590 NORTH 7TH STREET NEWARK, NJ 07107-2522	22-2164120	501(C)(3)	163,795.	0.			CHILDREN SERVICES
CATHOLIC CHARITIES OF SOUTHERN KANSAS - 906 CENTRAL AVENUE - DODGE CITY, KS 67801	48-0697602	501(C)(3)	60,991.	0.			CHILDREN SERVICES
COMMUNITY LEGAL CENTER 910 VANCE AVENUE MEMPHIS, TN 38126-2911	62-1558575	501(C)(3)	127,482.	0.			CHILDREN SERVICES
LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS - 363 S. HARLAN STREET, #200 - DENVER, CO 80226-3556	84-0775550	501(C)(3)	2,000,706.	0.			CHILDREN SERVICES
LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA - 4406 GEORGIA AVENUE, NW - WASHINGTON, DC 20011-7124	53-0207407	501(C)(3)	6,407,861.	0.			CHILDREN SERVICES
LUTHERAN SOCIAL SERVICES OF NORTHEASTERN FLORIDA - 4615 PHILIPS HIGHWAY - JACKSONVILLE, FL 32207-7265	59-1965600	501(C)(3)	356,911.	0.			CHILDREN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SERVICES FLORIDA 3625A WEST WATERS AVENUE TAMPA, FL 33614-2783	59-2198911	501(C)(3)	1,574,793.	0.			CHILDREN SERVICES
LUTHERAN SERVICES GEORGIA WOODRUFF VOLUNTEER CTR, 100 EDGEWOOD AVE NE, STE. 1800 - ATLANTA, GA 30303-3	58-1535692	501(C)(3)	2,271,637.	0.			CHILDREN SERVICES
REFUGEE ONE 4753 NORTH BROADWAY, SUITE 401 CHICAGO, IL 60640-4907	36-3817743	501(C)(3)	20,763.	0.			REFUGEE RESETTLEMENT
JEWISH VOCATIONAL SERVICES 1608 BALTIMORE AVENUE KANSAS CITY, MO 64108	43-0984198	501(C)(3)	121,557.	0.			CHILDREN SERVICES
ASCENTRIA COMMUNITY SERVICES, INC. 261 SHEEP DAVIS RD, SUITE A-1 CONCORD, NH 03301	04-3566243	501(C)(3)	148,729.	0.			CHILDREN SERVICES
MOSAIC FAMILY SERVICES 4144 NORTH CENTRAL EXPRESSWAY DALLAS, TX 75204-2105	75-2484565	501(C)(3)	203,909.	0.			CHILDREN SERVICES
SAMARITAS 8131 EAST JEFFERSON DETROIT, MI 48214-2691	38-1360553	501(C)(3)	7,794,686.	0.			REFUGEE RESETTLEMENT
LUTHERAN SOCIAL SERVICE OF MINNESOTA - 2485 COMO AVENUE - ST. PAUL, MN 55108-1445	41-0872993	501(C)(3)	1,047,891.	0.			CHILDREN SERVICES
LUTHERAN FAMILY SERVICES OF THE CAROLINAS - PO BOX 30066 - CHARLOTTE, NC 28230	56-1286323	501(C)(3)	2,821,863.	0.			CHILDREN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA - 745 45TH ST S, SUITE C - FARGO, ND 58103-1192	45-0226421	501(C)(3)	74,085.	0.			REFUGEE RESETTLEMENT
NORTHERN VIRGINIA FAMILY SERVICES 10455 WHITE GRANITE DR, STE 100 OAKTON, VA 22124	54-0791977	501(C)(3)	246,449.	0.			CHILDREN SERVICES
LUTHERAN SOCIAL SERVICES OF METROPOLITAN NEW YORK - 475 RIVERSIDE DRIVE, SUITE 1244 - NEW YORK, NY 10115-0046	13-2658548	501(C)(3)	621,453.	0.			CHILDREN SERVICES
MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES - 309 GENESEE STREET - UTICA, NY 13501-3800	16-1158764	501(C)(3)	585,646.	0.			REFUGEE RESETTLEMENT
LUTHERAN COMMUNITY SERVICES NORTHWEST - 4040 188TH STREET, SUITE 300 - SEATAC, WA 98188-5070	93-0386860	501(C)(3)	2,657,357.	0.			CHILDREN SERVICES
LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA - 705 E 41ST STREET, SUITE 200 - SIOUX FALLS, SD 57105-6048	46-0224731	501(C)(3)	206,850.	0.			REFUGEE RESETTLEMENT
SAN FERNANDO OUTREACH CENTER 1109 CORONEL STREET SAN FERNANDO, CA 91340	95-1684078	501(C)(3)	152,975.	0.			REFUGEE RESETTLEMENT
REFUGEE SERVICES OF TEXAS 9241 LBJ FREEWAY, SUITE 210 DALLAS, TX 75243-3447	75-1618251	501(C)(3)	1,872,548.	0.			CHILDREN SERVICES
LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN - 5300 W. LINCOLN AVENUE - MILWAUKEE, WI 53219-1651	39-0816846	501(C)(3)	576,517.	0.			REFUGEE RESETTLEMENT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CHRISTIAN ADOPTIONS 41745 RIDER WAY #2 TEMECULA, CA 92590	33-0412343	501(C)(3)	198,568.	0.			REFUGEE RESETTLEMENT
CATHOLIC CHARITIES OF TENNESSEE 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)(3)	125,780.	0.			CHILDREN SERVICES
LUTHERAN FAMILY SERVICES OF VIRGINIA - 2609 MCVITTY ROAD - ROANOKE, VA 24018	54-1222012	501(C)(3)	487,974.	0.			REFUGEE RESETTLEMENT
LUTHERAN SOCIAL SERVICE OF IOWA 3200 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0698267	501(C)(3)	122,945.	0.			CHILDREN SERVICES
UPBRING IN AUSTIN TX 8305 CROSS PARK DRIVE AUSTIN, TX 78754	32-0515615	501(C)(3)	225,209.	0.			REFUGEE RESETTLEMENT
LUTHERAN FAMILY SERVICES OF NEBRASKA - 124 SOUTH 24TH STREET, SUITE 230 - OMAHA, NE 68102-1226	23-7267972	501(C)(3)	730,539.	0.			CHILDREN SERVICES
CHARLOTTE CENTER FOR LEGAL ADVOCACY - 5535 ALBEMARLE RD - CHARLOTTE, NC 28212	56-1202940	501(C)(3)	171,178.	0.			CHILDREN SERVICES
CATHOLIC CHARITIES DIOCESE OF WILMINGTON - 2601 W 4TH STREET - WILMINGTON, DE 19805	51-0095439	501(C)(3)	56,332.	0.			CHILDREN SERVICES
CATHOLIC CHARITIES OF LOUISVILLE KENTUCKY - 2222 W. MARKET ST. - LOUISVILLE, KY 40212	61-1239600	501(C)(3)	66,572.	0.			CHILDREN SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIS 180 1017 FAYETTEVILLE RD, SOUTHEAST ATLANTA, GA 30316	58-1430183	501(C)(3)	1,860,874.	0.			CHILDREN SERVICES
INSPIRITUS, INC 731 PEACHTREE STREET, NE ATLANTA, GA 30308	58-1535692	501(C)(3)	674,105.	0.			CHILDREN SERVICES
INTERFAITH REFUGEE & IMMI. MINISTRIES-IRIM - 4753 NORTH BROADWAY, SUITE 500 - CHICAGO, IL 60640	36-3817743	501(C)(3)	87,692.	0.			REFUGEE RESETTLEMENT
KENNEDY KRIEGER 707 NORTH BROADWAY BALTIMORE, MD 21205	52-1524965	501(C)(3)	101,086.	0.			CHILDREN SERVICES
LUTHERAN SERVICES NEW ENGLAND 593 MAIN STREET WEST SPRINGFIELD, MA 01089	06-1073218	501(C)(3)	2,699,916.	0.			CHILDREN SERVICES
HEBREW IMMIGRATION AID SOCIETY 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307	501(C)(3)	35,000.	0.			REFUGEE RESETTLEMENT
ETHIOPIAN TEWAHEDO 4100 MOUNTAIN BLVD OAKLAND, CA 94619	20-3525591	501(C)(3)	14,751.	0.			REFUGEE RESETTLEMENT
SOUTHWESTERN TEXAS SYNOD 1090 OESTREICH DRIVE SEGUIN, TX 78155	36-3514302	501(C)(3)	37,000.	0.			REFUGEE RESETTLEMENT

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GIFT CARDS AND FINANCIAL ASSISTANCE	23	19,457.	0.		

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

PART I, LINE 2:

LIRS HAS A WELL-DEFINED SYSTEM OF CONTROLS TO ENSURE SUB-RECIPIENTS USE
GRANT FUNDS AS EXPECTED. INITIALLY, SUB-RECIPIENTS SUBMIT PROPOSED BUDGETS
THAT ARE REVIEWED IN RELATION TO THE DELIVERABLES, AND APPROVED BEFORE
SUB-AWARDS ARE ISSUED. ON A MONTHLY BASIS, REIMBURSEMENT REQUESTS ARE
REVIEWED FOR REASONABLENESS AND IN RELATION TO THE BUDGETS BEFORE
REIMBURSEMENTS ARE MADE. PARTNER AUDITS PREPARED IN COMPLIANCE WITH THE
UNIFORM GUIDANCE ARE SUBMITTED ANNUALLY AND RECONCILED TO THE FINANCIAL
RECORDS OF LIRS, AND LIRS FOLLOWS UP ON ANY SIGNIFICANT FINDINGS IN THOSE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.**

Employer identification number
13-2574854

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(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 CEO	(i)	299,105.	104,500.	0.	18,646.	7,663.	429,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEE WILLIAMS VICE PRES PROGRAMS	(i)	207,877.	14,000.	0.	14,700.	15,716.	252,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GERI O'DONOGHUE VICE PRES HUMAN RESOURCES	(i)	156,435.	14,000.	0.	11,262.	14,105.	195,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HANNIBAL BRUMSKINE CFO (THROUGH AUGUST 2021)	(i)	152,461.	0.	0.	10,998.	13,574.	177,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIA MASKELL DIRECTOR FOR IT	(i)	130,178.	4,000.	0.	9,484.	21,266.	164,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREW STEELE VICE PRES DEVELOPMENT & OUTREACH	(i)	129,862.	14,000.	0.	9,122.	7,847.	160,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.** 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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND ECONOMIC DEVELOPMENT CORP.	52-1376562	57420NOAV	07/26/07	5,942,546.	ADVANCE REFUNDING OF REVENUE BONDS		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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										
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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									

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

Schedule K (Form 990) 2021

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 non-governmental 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						

	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							

	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 isn't available under applicable regulations?	X							

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

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:
 (A) ISSUER NAME: MARYLAND ECONOMIC DEVELOPMENT CORP.
 DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2017

SCHEDULE K, PART I
 LUTHERAN IMMIGRATION AND REFUGEE SERVICE, INC. AND LUTHERAN WORLD RELIEF (EIN: 13-2574963), AN UNRELATED 501(C)(3) ORGANIZATION, ARE JOINTLY AND SEVERABLY LIABLE FOR THE BONDS AND AS SUCH, EACH HAS RECORDED 50% OF THE OUTSTANDING DEBT AND RELATED ISSUE COSTS ON THE FINANCIAL STATEMENTS. 100% OF LIABILITY AND RELATED COSTS ARE REPORTED ON SCHEDULE K.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number	13-2574854
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FORM 990, PART I, LINE 1

THOSE WHO SEEK SAFETY FROM PERSECUTION; REUNITES FAMILIES TORN APART BY
CONFLICT; RESETTLES REFUGEES; AND PROTECTS VULNERABLE CHILDREN WHO
ARRIVE ALONE IN THE UNITED STATES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN. LIRS PROVIDES A FULL SPECTRUM OF CHILD SERVICES, WITH A
NETWORK OF 48 PARTNERS AND A TOTAL OF 96 SITES ACROSS THE COUNTRY. IN
2021, LIRS LAUNCHED 7 NEW TRANSITIONAL FOSTER CARE SITES, INCREASING
OUR ABILITY TO SERVE UNACCOMPANIED CHILDREN AS THEY PURSUE
REUNIFICATION. LIRS ALSO ESTABLISHED A THERAPEUTIC FOSTER CARE PROGRAM
TO ENSURE THAT VULNERABLE CHILDREN CAN RECEIVE SPECIALIZED CARE. IN
ADDITION TO THE EXPANSION FOR TRANSITIONAL FOSTER CARE, LIRS INCREASED
ITS LONG-TERM FOSTER CARE CAPACITY FOR VULNERABLE POPULATIONS AT
CURRENT SITES. AS A RESULT, IN 2021, LIRS WAS ABLE TO SERVE 1,861
UNACCOMPANIED REFUGEE AND MIGRANT CHILDREN THROUGH TRANSITIONAL,
THERAPEUTIC, AND LONG-TERM FOSTER CARE PROGRAMS AS WELL AS THE
UNACCOMPANIED REFUGEE MINORS PROGRAM.

TO FACILITATE THE REUNIFICATION OF UNACCOMPANIED CHILDREN WITH
SPONSORS, THE SAFE RELEASE SUPPORT PROGRAM FINGERPRINTED 18,352
SPONSORS AND PROVIDED PACKET ASSISTANCE TO 6,882 INDIVIDUALS. IN 2021
LIRS ADDED 17 NEW SAFE RELEASE SITES TO ITS NETWORK. THIS EXPANSION WAS
TARGETED TO RURAL AREAS TO SUPPORT CAREGIVERS RECEIVING SUPPORT AND
ASSISTANCE TO COMPLETE BACKGROUND SCREENINGS REQUIRED THROUGH THE

FAMILY REUNIFICATION PROCESS. POTENTIAL CAREGIVERS FACE CHALLENGES IN

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

Schedule O (Form 990) 2021

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE,
INC.

Employer identification number
13-2574854

TRANSPORTATION, AND PRIOR TO THIS EXPANSION MANY FAMILIES WOULD HAVE TO

TRAVEL HOURS BY CAR TO REACH ASSISTANCE. THE SAFE RELEASE NETWORK IS

NOW 52 LOCATIONS ACROSS THE COUNTRY. DURING 2021, LIRS PROVIDED

IN-COMMUNITY CASE MANAGEMENT SERVICES FOR 3,824 CHILDREN AND FAMILIES

REUNIFIED BY THE GOVERNMENT THROUGH THE HOME STUDY AND POST RELEASE

SERVICES PROGRAM (HSPRS). IN RESPONSE TO THE GROWING NEED OF REUNIFIED

CHILDREN AND FAMILIES, LIRS INCREASED ITS CAPACITY TO SUPPORT CHILDREN

AND FAMILIES THROUGH THE HSPRS PROGRAM BY 70%. THIS EXPANSION ALLOWED

LIRS TO SERVE CHILDREN AND FAMILIES ACROSS THE COUNTRY THROUGH

REGIONALLY BASED STAFF AND PARTNERS WHO PROVIDED COMMUNITY BASED

SUPPORT TO EDUCATE AND EMPOWER CAREGIVERS AND CLIENTS. THE HEIGHT OF

THE COVID-19 PANDEMIC TOOK A HEAVY TOLL ON THE RESOURCES AND STABILITY

OF VULNERABLE POPULATIONS. NEWLY REUNIFIED CHILDREN/YOUTH AND THEIR

FAMILIES STRUGGLED TO MEET THEIR BASIC NEEDS. FOOD, RENT, CLOTHING,

DIAPERS, EMERGENCY MEDICAL CARE, TECHNOLOGY TO ENGAGE IN VIRTUAL

LEARNING, ALL OF THESE RESOURCES WERE IN SHORT SUPPLY FOR MANY

FAMILIES. THROUGH THE GENEROUS SUPPORT OF LIRS DONORS, THE HOME STUDY

AND POST RELEASE SERVICES TEAM WAS ABLE TO PROVIDE FINANCIAL SUPPORT TO

FAMILIES WITH THESE VERY REAL NEEDS. THROUGH THE FUND A YOUNG MAN WAS

FITTED WITH A NEW PROSTHETIC FOOT, A SEVEN-YEAR-OLD GIRL WAS FITTED

WITH HEARING AIDS AND AUDITORY THERAPY, RENTAL ASSISTANCE TO AVOID

EVICTION FROM THEIR HOMES, ORTHODONTIC CARE, FOOD, CLOTHES AND DIAPERS

FOR MANY FAMILIES WHO LOST EMPLOYMENT DURING THE PANDEMIC.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDES LIFE-SAVING PROTECTION AND STABILIZATION SUPPORT TO REFUGEES

DURING THEIR FIRST 90 DAYS IN THE UNITED STATES.

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.

Employer identification number 13-2574854

2. MATCHING GRANT-THIS LIRS EARLY EMPLOYMENT PROGRAM IS AN ALTERNATIVE

TO PUBLIC CASH ASSISTANCE. IN FISCAL YEAR 2021, 79.24% OF THE

INDIVIDUALS ENROLLED IN MATCHING GRANT THROUGH LIRS WERE

SELF-SUFFICIENT (EMPLOYED) ON OR BEFORE THE 180-DAY MARK.

IN 2021, LIRS CONTINUED IMPLEMENTING THE FOLLOWING REFUGEE RELATED

PROGRAMS AND INITIATIVES:

1. SWITCHBOARD - PROVIDED ECONOMIC AND CAREER RELATED TECHNICAL

ASSISTANCE (TA) TO ALL NINE NATIONAL RESETTLEMENT NETWORKS

2. NEW AMERICAN CITIES (NAC) (FUNDED BY WALMART, CHURCH OF JESUS CHRIST

OF LATTER-DAY SAINTS, ICONIQ) - TARGETED CAREER UPSKILLING SUPPORT AND

PLANNING FOR NEW AMERICANS WHO HAVE BEEN IN COUNTRY FOR 20 YEARS OR

LESS. SIX LOCATIONS HAVE THE PROGRAM WITH A TARGET TO SERVE 300

INDIVIDUALS.

COMMUNITY ENGAGEMENT:

1. CIRCLE OF WELCOME (COW) - FACILITATED VOLUNTEER CHURCH/COMMUNITY

TEAMS WHO ARE MATCHED WITH REFUGEE HOUSEHOLDS TO PROVIDE STRUCTURED,

ONGOING SUPPORT.

2. VOLUNTEERISM TECHNICAL ASSISTANCE (TA) - SERVED AS IN-HOUSE

VOLUNTEERISM AND MENTORSHIP TECHNICAL ASSISTANCE PROVIDERS TO THE

AFFILIATE NETWORK AND INTERNAL PROGRAM MANAGERS.

VULNERABLE POPULATIONS:

1. PREFERRED COMMUNITIES (PC) - PROVIDED INTENSIVE CASE MANAGEMENT

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number 13-2574854
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TO THE MOST VULNERABLE REFUGEES AND ASYLEES TO ENSURE ACCESS TO CRITICAL, LIFE STABILIZING SERVICES AND RESOURCES. THIS HELPED MOVE PARTICIPANTS TOWARD SELF-SUFFICIENCY IN 27 LOCATIONS.

2. PROMOTED PRO-ACTIVE SCREENING AND ENHANCED REFERRAL NETWORKS -RHS-15 IS A MENTAL HEALTH SCREENING TOOL, AND THE LIRS DOMESTIC VIOLENCE SCREENER; BOTH ARE INCORPORATED INTO PC PROGRAMMING AND PROVIDED AN ACCESSIBLE TOOL TO STAFF TO IDENTIFY CLIENTS AT-RISK, AND WORK WITH COMMUNITY PROVIDERS TO BUILD AND STRENGTHEN SERVICE ACCESS APPROPRIATE FOR REFUGEES ACROSS CULTURES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ACCESSING PHYSICAL/MENTAL HEALTHCARE. IN SAN ANTONIO, TX, LIRS FUNDED THE ESTABLISHMENT OF A RESPITE CENTER FOR MIGRANTS IN TRANSIT AFTER RELEASE FROM DHS CUSTODY, WHICH SERVED 1,441 INDIVIDUALS IN ITS FIRST THREE MONTHS OF OPERATION. LIRS ALSO LAUNCHED ITS WELCOME CENTER PROGRAM, WHICH SUPPORTS ASYLUM SEEKERS AND OTHER MIGRANTS FOR UP TO 180 DAYS IN THEIR FINAL DESTINATION. THE FIRST TWO PROGRAM SITES (PORTLAND, OR AND SEATTLE, WA) WERE LAUNCHED IN OCTOBER 2021 WITH THE GOAL OF SERVING 300 INDIVIDUALS DURING THE FIRST PROGRAMMATIC YEAR. LUTHERAN IMMIGRATION AND REFUGEE SERVICE CONTINUES TO PARTNER WITH DETENTION VISITATION AND PEN PAL PROGRAMS ALTHOUGH LIRS' GRANT ASSISTANCE FOR BOTH INITIATIVES WAS DISCONTINUED IN 2021. OUT OF OVER 40+ DETENTION VISITATION PROGRAMS THAT LIRS COMMUNICATES WITH TO PROVIDE SUPPORT, THERE ARE EIGHT PROGRAMS IN SIX STATES AND THE DISTRICT OF COLUMBIA (CO, DC, GA, LA, MD, PA, WA) THAT PARTNER MOST CLOSELY WITH LIRS.

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number 13-2574854
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DUE TO FY2021 CORONAVIRUS PANDEMIC RESTRICTIONS, PROGRAMS WERE

PROHIBITED FROM VISITING THE DETENTION CENTERS. "ICE HAS TEMPORARILY

SUSPENDED SOCIAL VISITATION IN ALL OF ITS DETENTION FACILITIES...ICE

WILL CONTINUE TO COLLABORATE WITH THE CDC, IHSC, AND ITS NETWORK OF

HEALTH CARE PROVIDERS TO PROVIDE UPDATES AND REVISE PROCEDURES AS

NECESSARY." (ICE.GOV/CORONAVIRUS 4/02/2020) DURING THIS TIME OF

RESTRICTION, IN PREPARATION FOR THE ABILITY TO RETURN TO ACTIVE

VISITATION, LIRS COLLABORATED WITH THE EIGHT PARTNERS TO REVISE THE

BRING THE SKY: LIRS DETENTION VISITATION MANUAL AND A NEWLY REVISED PEN

PAL MANUAL FOR DISSEMINATION NATIONALLY IN 2023.

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

OTHER PROGRAM SERVICES:

LIRS SERVICES TRAVEL LOANS ISSUED BY THE INTERNATIONAL ORGANIZATION OF

MIGRATION TO TRANSPORT LIRS-SPONSORED REFUGEES FROM THEIR ORIGINAL

LOCATION TO THEIR RESETTLEMENT LOCATION IN THE UNITED STATES.

COLLECTIONS FROM THESE NON-INTEREST BEARING LOANS ARE, IN PART, USED TO

OFFSET LOAN SERVICING EXPENSES OF LIRS, WITH 75% OF THE COLLECTIONS

RETURNED TO THE INTERNATIONAL ORGANIZATION OF MIGRATION TO REPLENISH

THE LOAN FUND, WHICH FINANCES TRANSPORTATION FOR RESETTLEMENT OF FUTURE

REFUGEES.

EXPENSES \$ 1,472,356. INCLUDING GRANTS OF \$ 13,888. REVENUE \$ 1,841,806.

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

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number 13-2574854
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INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

LIRS BOARD POLICY REQUIRES ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND LIRS SENIOR MANAGERS TO IDENTIFY ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AND COMPLETE A DECLARATION OF A CONFLICT OF INTEREST STATEMENT ANNUALLY WHICH IS REVIEWED BY THE BOARD GOVERNANCE COMMITTEE. ANY DIRECTOR, OFFICER, COMMITTEE MEMBER OR SENIOR MANAGER WHO DISCLOSES A DIRECT OR INDIRECT FINANCIAL OR OTHER MATERIAL INTERESTS IN A PROPOSED OR EXISTING ARRANGEMENT WILL NOT BE ALLOWED TO BE A PART OF THE DISCUSSION OR DECISION-MAKING ON THE MATTER THAT RESULTS IN THE CONFLICT OF INTEREST. IF ANY DIRECTOR, OFFICER, COMMITTEE MEMBER OR SENIOR MANAGER FAILS TO DISCLOSE A DIRECT OR INDIRECT FINANCIAL OR OTHER MATERIAL INTEREST SUBJECT TO THE POLICY, S/HE WILL BE INFORMED AND GIVEN THE OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD OR COMMITTEE OR PRESIDENT AND CEO DETERMINES THAT THE INDIVIDUAL HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST, THEY WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

FOR LIRS' CEO'S COMPENSATION, AN INDEPENDENT CONSULTANT PERFORMS AN ANALYSIS ON A REGULAR BASIS USING INDEPENDENT RESEARCH WHICH CONSIDERS THE ORGANIZATION'S BUDGET, THE CURRENT COMPENSATION, AND THE NUMBER OF YEARS SERVED BY THE CEO. THE ANALYSIS USES SALARY SURVEYS THAT PROVIDE A SALARY RANGE THAT IS COMPETITIVE WITH SIMILAR NON-PROFITS IN THE SAME GEOGRAPHIC AREA. THE FINDINGS ARE PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE, WHICH REVIEWS THE CONSULTANT'S REPORT IN CONJUNCTION WITH THE CEO'S PERFORMANCE AND PRESENTS A RECOMMENDATION TO THE FULL BOARD. THE FULL BOARD APPROVES THE CEO'S COMPENSATION FOR THE UPCOMING YEAR. FOR ALL OTHER LIRS STAFF

Name of the organization LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.	Employer identification number 13-2574854
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POSITIONS, AN INDEPENDENT CONSULTANT PERFORMS AN ANALYSIS USING INDEPENDENT RESEARCH TO DETERMINE COMPETITIVE SALARY RANGES FOR THE VARIOUS GRADES OF POSITIONS WITHIN LIRS. THIS ANALYSIS IS COMPLETED EVERY OTHER YEAR AND THE BOARD APPROVES THE SALARY RANGES FOR ALL RESPECTIVE JOB GRADES. THE CEO SETS AND/OR APPROVES THE PARTICULAR SALARIES WITHIN THESE GRADES FOR STAFF. BOARD OFFICER POSITIONS ARE NON-STAFF, VOLUNTEER POSITIONS AND RECEIVE NO COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS
 MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19:
 LIRS MAKES ITS AUDITED FINANCIAL STATEMENTS, FORM 990, LIST OF CURRENT BOARD OF DIRECTORS, AND OTHER INFORMATION THAT MAY BE USEFUL IN UNDERSTANDING LIRS' VISION, MISSION, VALUES, GOALS AND ACTIVITIES AVAILABLE ON THE LIRS WEBSITE AT WWW.LIRS.ORG. THIS INFORMATION IS ALSO AVAILABLE TO THE PUBLIC UPON REQUEST. SUMMARY FINANCIAL STATEMENTS, SENIOR MANAGEMENT, AND THE LIST OF CURRENT BOARD OF DIRECTORS ARE ALSO PUBLISHED IN THE ANNUAL REPORT WHICH IS DISTRIBUTED TO DONORS AND OTHER STAKEHOLDERS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **LUTHERAN IMMIGRATION & REFUGEE SERVICE, INC.** 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

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	No
LUTHERAN CENTER CORPORATION - 52-2055143 700 LIGHT STREET BALTIMORE, MD 21230	SEE PART VII	MARYLAND	501(C)(3)	LINE 12A, I			X

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) Disproportionate 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	

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	No

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

Part VII Supplemental Information

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

SCHEDULE R, PART II, COLUMN (B)

PRIMARY ACTIVITY: PROVIDES OFFICE SPACE FOR VARIOUS LUTHERAN AND

AFFILIATED CHARITABLE ORGANIZATIONS.