Form	990-T	E	xempt Orgai	nization	Bus	ine	ss Income T	ax Retu	rn	OMB No 154	5-0047		
= 1	•		aı (aı	nd proxy tax			ction 6033(e))	191	<i>7</i>	201	10		
		For cal	endar year 2019 or other tax yea		T for in	-44!	, and ending		<u> </u>	20	19		
	ment of the Treasury Revenue Service	 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 								Open to Public In 501(c)(3) Organiza	spection for ations Only		
A	Check box if address changed	Name of organization (Check box if name changed and see instructions.)								Employer identification number (Employees' trust, see instructions)			
B Ex	empt under section	der section Print CATHOLIC MIGRATION SERVICES, INC.									11-2634818		
	501(CD3) or Number, street, and room or suite no. If a P O, box, see instructions.									E Unrelated business activity code (See instructions.)			
	408(e) 220(e) Type 191 JORALEMON STREET, 4TH FLOOR									,			
	408A 530(a) 529(a)	· · · · · · · · · · · · · · · · · · ·											
	k value of all assets nd of year		F Group exemption numb			>	501/a) touat	40:	1/a\ +=a+		<u> </u>		
	0 • G Check organization type ► X 501(c) corporation 501(c) trust 401(a) ter the number of the organization's unrelated trades or businesses. ► 1 Describe the only (or first) un												
	_	•	tion's unrelated trades or d	usinesses.	<u>-</u>	т		the only (or first)					
	le or business here		ce at the end of the previou		alata Da	rto I an		complete Parts I					
				is sentence, comp	piele Pai	ristan	ia ii, complete a Schedule	IVI IOI EACII AUUII	וטוומו נומטי	5 UI			
	iness, then complete		oration a subsidiary in an a	offiliated aroun or		t oubo	idiary controlled group?			es No			
			tifying number of the paren			II-5u05	idially controlled group?		,	65 110			
			CATHERINE L.			IREI	R Telenh	one number 🕨	718-	236-300	00		
Par			le or Business Inc		.EAD	JI(L)	(A) Income	(B) Expen	-	(C) N			
4	*-				_	<u> </u>	(1)	, (-)		1.			
/	Gross receipts or sale Less returns and allov			c Balance		10		ĺ			İ		
	Cost of goods sold (S		A line 7)	C Dalance		2				 	 i		
	Gross profit. Subtract		•			3			_	† ·	'		
	Capital gain net incon					4a	-		//	 			
		•	art II, line 17) (attach Form	4707)		4b				 			
				14/5/)		4c				<u> </u>			
	Capital loss deduction		ship or an S corporation (at	tach etatement\		5				 			
			silip of all 3 corporation (al	lacii Statement)		6				<u> </u>			
	Rent income (Schedu Unrelated debt-financ		na (Schadula E)			 7	/						
			nd rents from a controlled o	organization (Sch	edule El	8	/						
	-		on 501(c)(7), (9), or (17) or			9	/		_	† ·			
	Exploited exempt acti			gamzation (ocho	uuic a,	10	/						
\sim	Advertising income (S	-				11							
\approx	Other income (See in:		•			12			******				
D	Total. Combine lines					13	0.			1			
∾' Par			t Taken Elsewher	e (See instruct	tions fo					- 			
	(Deductions	must b	e directly connected wi	th the unrelated	d busin	ess in	come)						
≱	Compensation of off	icers, di	rectors, and trustees (Sche	dule KY	_				14				
Ω ₁₅	Salaries and wages		, ,	/ H		r=,	>= \ ([) 		15				
<u>Щ</u> 16	Repairs and mainten	ance		^	F	<u> </u>	1-1-19		16_				
£ 17	Bad debts			11	(p)		2 2 2021 10		17				
SCANNED 16 17 18 18 19	Interest (attach sche	dule) (s	ee instructions)	18	图1:		1 to 100	l	18				
\mathcal{O}_{19}	Taxes and licenses			la	打し			1	19				
20	Depreciation (attach	Form 45	562)	[14	∂Gi	DEN, WILL						
21	Less depreciation cla	aimed oi	n Schedule A and elsewher	e on return		سي	, 21a		21b				
22	Depletion			_					22				
23	Contributions to defe	erred çe	mpensation plans						23				
24	Employee benefit programs								24	ļ. <u></u>			
25	Excess exempt expenses (Schedule I)								25				
26	Excess readership costs (Schedule J)								26				
27	Other deductions (attach schedule)								27				
28	Total deductions. Add lines 14 through 27								28		0.		
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13								29		0		
30	/		loss arising in tax years be										
	(see instructions)	-	•						30		0.		
31	Unrelated business t	axable II	ncome. Subtract line 30 fro	m line 29					31		0.		
923701	01-27-20 LHA F	or Paper	work Reduction Act Notice	. see instruction	s.					Form 990	⊢ T (2019)		

		CATHOLIC MIGRATION SERVICES, INC.		11.	<u>-26348</u>	⊥8 Page 2		
Par	t IJF]	Total Unrelated Business Taxable Income						
32/	Fotal of	32		0.				
33	,	is paid for disallowed fringes	33					
34		ole contributions (see instructions for limitation rules)	34		0.			
35		related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines	35					
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36					
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37					
37			38					
38	•	deduction (Generally \$1,000, but see line 38 instructions for exceptions)		130				
39		ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		ا 🚛 ا		0.		
<u> </u>		e smaller of zero or line 37		39		<u> </u>		
_	//	Tax Computation		7		0.		
40 4	-	rations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		<u> </u>			
41		Faxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: ax rate schedule or Schedule D (Form 1041)						
	Ta	41						
42	Proxy t	ax. See instructions		42				
43	Alterna	tive minimum tax (trusts only)		43				
44		Noncompliant Facility Income. See instructions		44_	<u> </u>			
45		add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	L	0.		
Par	t <i>.</i> V[]\	Tax and Payments						
46 a/	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)		⊣				
b	Other c	redits (see instructions) 46b		_				
C	General	business credit. Attach Form 3800						
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		_				
е	Total c	redits. Add lines 46a through 46d		46e				
47	Subtrac	t line 46e from line 45	47		0.			
48	Other ta	exes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta	ch schedule)	48				
49	Total ta	x. Add lines 47 and 48 (see instructions)		49		0.		
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50		0.		
		nts: A 2018 overpayment credited to 2019						
	•		5,722					
		oosited with Form 8868	<u> </u>	┪				
		organizations; Tax paid or withheld at source (see instructions) 51d	_	7				
	_	withholding (see instructions) 51e	···	1				
		or small employer health insurance premiums (attach Form 8941) 516		┪				
		redits, adjustments, and payments. Form 2439		7				
g	•							
				.52	6	,722.		
52	•	ayments. Add lines 51a through 51g		53	_	, , , , ,		
53		ed tax penalty (see instructions). Check if Form 2220 is attached	_	54				
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	In I	55		,722.		
55 1 a €		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		56	6	,722.		
<u> 56</u>		ne amount of line 55 you want: Credited to 2020 estimated tax Refun Statements Regarding Certain Activities and Other Information (see instruction)		- 1 26 1		, 122.		
Par			115)	1	Т.	/aa "		
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			F	Yes No		
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			-			
	here	P			——-	X		
58	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign t	trust?		⊢	X		
	•	see instructions for other forms the organization may have to file.						
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 💲				!		
0:		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes xrect_and_completex_Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	t of my know	rledge and b	ellef, it is true,			
						turn with		
Here	, I	Specialized of officers Date CEO		the prepare	sr shown below (
		Signature of officer Date Title		instructions	s)? X Yes	No		
		Print/Type preparer's name Preparer signature Date Ch	eck	ıf PTI	N			
Paid	d		f- employe					
	parer	GARRETT M. HIGGINS Jaut m Hag - 02/10/21			005432			
	Only		rm's EIN	≥ 2	7-1728	945		
<u> </u>	, Jiny	500 MAMARONECK AVENUE						
		<u> </u>)-T (2019)		