

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

2015Department of the Treasury
Internal Revenue Service

For calendar year 2015 or other tax year beginning 07/01, 2015, and ending 06/30, 2016

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

► 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 Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section		MADONNA MANOR INC	61-0654635
<input checked="" type="checkbox"/> 501(C)(3)		Number, street, and room or suite no If a P O box, see instructions	E Unrelated business activity codes (See instructions)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)		2344 AMSTERDAM ROAD	900099
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)		City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> 529(a)		VILLA HILLS, KY 41017	
C Book value of all assets at end of year		F Group exemption number (See instructions.) ►	0928
39,979,958		G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ► PARTNERSHIP INVESTMENT INCOME**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ► ☒ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ► CATHOLIC HEALTH INITIATIVES 47-0617373**J** The books are in care of ► ALISA IFFLAND Telephone number ► (567) 455-0414

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0					
b Less returns and allowances	0					
c Balance ►		1c	0			
2 Cost of goods sold (Schedule A, line 7)		2	0			
3 Gross profit. Subtract line 2 from line 1c		3	0			0
4a Capital gain net income (attach Schedule D)		4a	0			0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	0			0
c Capital loss deduction for trusts		4c	0			0
5 Income (loss) from partnerships and S corporations (attach statement)		5	872			872
6 Rent income (Schedule C)		6	0		0	0
7 Unrelated debt-financed income (Schedule E)		7	0		0	0
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8	0		0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9	0		0	0
10 Exploited exempt activity income (Schedule I)		10	0		0	0
11 Advertising income (Schedule J)		11	0		0	0
12 Other income (See instructions; attach schedule)		12	0		0	0
13 Total. Combine lines 3 through 12		13	872		0	872

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	0
15 Salaries and wages		15	0
16 Repairs and maintenance		16	0
17 Bad debts		17	0
18 Interest (attach schedule)		18	0
19 Taxes and licenses		19	0
20 Charitable contributions (See instructions for limitation rules)		20	0
21 Depreciation (attach Form 4562)		21	0
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	0
23 Depletion		23	0
24 Contributions to deferred compensation plans		24	0
25 Employee benefit programs		25	0
26 Excess exempt expenses (Schedule I)		26	0
27 Excess readership costs (Schedule J)		27	0
28 Other deductions (attach schedule)		28	0
29 Total deductions. Add lines 14 through 28		29	0
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	872
31 Net operating loss deduction (limited to the amount on line 30)		31	19
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	853
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	853
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0

For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2015)

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$	(2) \$	(3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	
(2) Additional 3% tax (not more than \$100,000)	\$	
c Income tax on the amount on line 34		35c 0
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 0

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800 (see instructions)	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		0
41 Subtract line 40e from line 39	41		0
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		0
43 Total tax. Add lines 41 and 42	43		0
44a Payments: A 2014 overpayment credited to 2015	44a		
b 2015 estimated tax payments	44b	0	
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	44g	0	
45 Total payments. Add lines 44a through 44g	45		0
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		0
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		0
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax 0 / Refunded	49		0

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		✓
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			✓
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Alison J. Shanci 5/15/17 **VICE PRESIDENT OF FINANCE**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name MARK STOCKI	Preparer's signature <u>Mark Stocki</u>	Date <u>5/15/17</u>	Check <input type="checkbox"/> if self-employed	PTIN P00642127
	Firm's name CATHOLIC HEALTH INITIATIVES	Firm's EIN 47-0817373	Firm's address 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	Phone no. (303) 298-9100	

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0****(b) Total deductions.**Enter here and on page 1, Part I, line 6, column (B) **0****Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0	Enter here and on page 1, Part I, line 7, column (B) 0
Total dividends-received deductions included in column 8				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0	

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A) 0			Enter here and on page 1, Part I, line 9, column (B) 0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col (A) 0	Enter here and on page 1, Part I, line 10, col (B) 0				Enter here and on page 1, Part II, line 26 0

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0	0	0	0	0	0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0	0				0
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0	Enter here and on page 1, Part I, line 11, col (B) 0				Enter here and on page 1, Part II, line 27 0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Name of Partnership	EIN	Amount
PARTNERSHIP INVESTMENT INCOME		
(1) CHI OPERATING INVESTMENT PROGRAM, LP	47-0727942	872
Total for Part I, Line 5		872

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2014	19	0		19	2034
2015			19		
Totals	19	0	19	19	

1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	0
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	
3	Subtract line 2 from line 1	
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	
5	Subtract line 4 from line 3	
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	
7	Subtract line 6 from line 5	
8	Enter 15% of line 2	
9	Enter 25% of line 4	
10	Enter 34% of line 6	
11	Enter 35% of line 7	
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	0