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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Alexian Brothers Bonaventure House
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
825 West Wellington Avenue
 City or town, state or country, and ZIP + 4
Chicago IL 60657-9249

D Employer identification number
36-3527899

E Telephone number
(773) 327-8921

G Gross receipts \$ 1,848,853

F Name and address of principal officer:
Michelle Wetzel 825 West Wellington Avenue, Chicago, IL 60657-9249

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number 0928

I Tax-exempt status: 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527

J Website: WWW.BONAVENTUREHOUSE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1987

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Alexian Brothers Bonaventure House carries out the healing mission of the Catholic Church as an Alexian Brothers ministry by identifying and developing effective responses to the health and housing needs of those we are called to serve.

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

3	Number of voting members of the governing body (Part VI, line 1a)	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	10
5	Total number of employees (Part V, line 2a)	46
6	Total number of volunteers (estimate if necessary)	141
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8	2,093,590	1,688,244
9	46,307	48,673
10	23,378	36,665
11	35,936	-17,305
12	2,199,211	1,754,277
13	0	0
14	0	0
15	1,149,034	1,122,748
16a	0	0
b	214,298	
17	691,872	610,910
18	1,840,806	1,733,658
19	358,305	20,619

	Beginning of Current Year	End of Year
20	2,080,522	2,033,312
21	505,876	445,894
22	1,574,646	1,587,418

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: Brother Daniel McCormick, C.F.A. Date: 10/28/10
 Type or print name and title: Brother Daniel McCormick, C.F.A. President

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed: Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no: _____

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2009)

SCANNED IN 26 JUL 2017 9 26

6-17-18

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Alexian Brothers Bonaventure House carries out the healing mission of the Catholic Church as an Alexian Brothers ministry by identifying and developing effective responses to the health and housing needs of those we are called to serve

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,308,677 including grants of \$ 0) (Revenue \$ 46,673)
See schedule O

4b (Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 1,308,677

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
<ul style="list-style-type: none"> • 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> • 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> • 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> • 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> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> • 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? <i>If "Yes," complete Schedule D, Part X</i> 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII 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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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>		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
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) 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
25b 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV .</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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 in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
	1a 18		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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 46		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	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?		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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	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		

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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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 or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b 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 in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	X	
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	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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	▶ IL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	▶ Jean Justie (847) 818-5100 3040 Salt Creek Lane, Arlington Heights, IL 60005-1069

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

- 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. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
John D Glover Chairman of the Board/Director	1	X					0	0	0
Brother Daniel McCormick, C F A President/Director	1	X		X			0	0	0
Brother James Classon, C F A Vice President/Director	1	X		X			0	0	0
Bart Winters Treasurer/Secretary/Director	40	X		X			0	43,333	4,522
Michelle Wetzel Secretary/Director	40	X		X			0	58,296	2,938
Jane Ames, C P A Treasurer/Director	1	X		X			0	0	0
Lisa Russell, MD Director	1	X					0	0	0
Shaku Teas, MD Director	1	X					0	0	0
Frank A. Meccia PA-C Director	1	X					0	0	0
Paula Addington Director	1	X					0	0	0
Julie Geils Director	1	X					0	71,539	21,115
Timothy Klont Director	1	X					0	0	0
Coleman G Director	1	X					0	0	0
David Reilly Director	1	X					0	0	0
Virginia Golembewski Assistant Secretary	1			X			0	70,779	15,716
Jeannie Justie Vice President, Alexian Brothers Health System	1			X			0	202,827	40,947

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	68,609				
	d	Related organizations	1d	12,900				
	e	Government grants (contributions)	1e	1,267,095				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	339,640				
	g	Noncash contributions included in lines 1a-1f \$		65,442				
	h	Total. Add lines 1a-1f			1,688,244			
Program Service Revenue	2a	Social service fee	Business Code	623990	46,673	46,673		
	b				0			
	c				0			
	d				0			
	e				0			
	f	All other program service revenue			0			
	g	Total. Add lines 2a-2f			46,673			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			36,665		36,665	
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
	6a	Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	0	0			
		d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0	0		
		b	Less cost or other basis and sales expenses			0	0	
		c	Gain or (loss)	0	0			
		d	Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ 68,609 of contributions reported on line 1c) See Part IV, line 18	a		77,271			
		b	Less direct expenses	b	94,576			
		c	Net income or (loss) from fundraising events			-17,305		
	9a	Gross income from gaming activities See Part IV, line 19	a		0			
b		Less direct expenses	b	0				
c		Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances	a		0				
	b	Less cost of goods sold	b	0				
	c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code						
11a				0				
b				0				
c				0				
d	All other revenue			0				
e	Total. Add lines 11a-11d			0				
12	Total revenue. See instructions			1,754,277	46,673	0	36,665	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 .	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	109,089	21,818	27,272	59,999
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	810,706	650,383	91,328	68,995
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,810	14,595	2,898	3,317
9 Other employee benefits	112,347	75,884	22,867	13,596
10 Payroll taxes	69,796	50,476	8,921	10,399
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,313		2,313	
c Accounting	16,500		16,500	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	82,587	64,194	3,268	15,125
12 Advertising and promotion	4,110	192	436	3,482
13 Office expenses	87,221	50,219	10,619	26,383
14 Information technology	15,204	14,549	655	
15 Royalties	0			
16 Occupancy	97,956	90,080	6,016	1,860
17 Travel	9,899	9,728	98	73
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,843	1,744	644	455
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	160,242	146,586	9,138	4,518
23 Insurance	30,308	21,397	4,081	4,830
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Food	61,588	61,387		201
b Miscellaneous expense	40,139	35,444	3,630	1,065
c	0			
d	0			
e	0			
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f	1,733,658	1,308,676	210,684	214,298
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing	125,046	1	114,006	
	2	Savings and temporary cash investments	312,163	2	465,708	
	3	Pledges and grants receivable, net	385,644	3	105,007	
	4	Accounts receivable, net	10,466	4	16,636	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6		
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	7,950	9	36,923	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,997,915		
	b	Less accumulated depreciation	10b	2,869,825	10c	1,128,090
	11	Investments—publicly traded securities	133,830	11	166,942	
	12	Investments—other securities See Part IV, line 11	0	12	0	
	13	Investments—program-related See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11	0	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,080,522	16	2,033,312		
Liabilities	17	Accounts payable and accrued expenses	192,717	17	240,769	
	18	Grants payable		18		
	19	Deferred revenue	0	19	3,000	
	20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D	10,671	21	7,358	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22		
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities Complete Part X of Schedule D	302,488	25	194,767	
	26	Total liabilities. Add lines 17 through 25	505,876	26	445,894	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	1,197,011	27	1,474,975	
	28	Temporarily restricted net assets	325,135	28	59,943	
	29	Permanently restricted net assets	52,500	29	52,500	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	1,574,646	33	1,587,418	
	34	Total liabilities and net assets/fund balances	2,080,522	34	2,033,312	

Part XI Financial Statements and Reporting

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 in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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 in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

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 in Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization Alexian Brothers Bonaventure House	Employer identification number 36-3527899
---	---

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 11, 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)
 - 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 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)
 - 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
 - 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
11 Total support. Add lines 7 through 10						0

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

13 **First five 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 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%

16a **33 1/3% support test—2009.** 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—2008.** 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—2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2008.** 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 IV 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 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,650,621	1,288,150	1,877,356	2,093,590	1,688,244	8,597,961
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	57,942	63,752	59,378	46,307	46,673	274,052
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	1,708,563	1,351,902	1,936,734	2,139,897	1,734,917	8,872,013
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						8,872,013

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,708,563	1,351,902	1,936,734	2,139,897	1,734,917	8,872,013
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,081	21,071	21,994	23,378	36,665	113,189
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	10,081	21,071	21,994	23,378	36,665	113,189
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12)	1,718,644	1,372,973	1,958,728	2,163,275	1,771,582	8,985,202
14 First five 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.74%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.87%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.26%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.13%

- 19a 33 1/3% support tests—2009.** 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—2008.** 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

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Alexian Brothers Bonaventure House

Employer identification number

36-3527899

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

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

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

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

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" to 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 XIV and complete the following table

	Amount
1c	0
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	52,500	52,500			
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	52,500	52,500			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment%
- b Permanent endowment 100%
- c Term endowment%

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	27,600		27,600
b Buildings	0	869,027	410,890	458,137
c Leasehold improvements	0	2,580,364	2,238,443	341,921
d Equipment	0	372,001	209,003	162,998
e Other	0	148,923	11,489	137,434
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,128,090

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,754,277
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,733,658
3	Excess or (deficit) for the year Subtract line 2 from line 1	20,619
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-7,847
9	Total adjustments (net) Add lines 4 through 8	-7,847
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	12,772

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	2,164,520
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	381,109
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	94,576
e	Add lines 2a through 2d	475,685
3	Subtract line 2e from line 1	1,688,835
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	
b	Other (Describe in Part XIV.)	65,442
c	Add lines 4a and 4b	65,442
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1,754,277

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	2,143,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	381,109
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	94,576
e	Add lines 2a through 2d	475,685
3	Subtract line 2e from line 1	1,668,216
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	
b	Other (Describe in Part XIV)	65,442
c	Add lines 4a and 4b	65,442
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	1,733,658

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part IV Line 2b Escrow account liability - resident funds held, generally until the resident completes the program and moves out to live independently

Part X Line 2 There was no FIN48 footnote in the audited financial statements of Alexian Brothers Bonaventure House and there were no uncertain tax positions

Part XI Line 8 Pension related changes other than net periodic pension cost

Part XII Line 2d Non-cash contributions

Part XII Line 4b Special event expenses

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Art Auction (event type)	(b) Event #2 AIDS Walk (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	102,078	17,851	25,951	145,880
	2 Less Charitable contributions	65,039	0	3,570	68,609
	3 Gross income (line 1 minus line 2)	37,039	17,851	22,381	77,271
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	80,047	1,928	12,601	94,576
	10 Direct expense summary Add lines 4 through 9 in column (d)				(94,576)
11 Net income summary Combine line 3, column (d), and line 10				-17,305	

Part III Gaming. Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
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)				(0)	
8 Net gaming income summary Combine line 1, column d, and line 7				0	

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in	a The organization's facility		
	b An outside facility		
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?			
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 ▶ \$0			
Description of services provided ▶			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?			
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 ▶ \$			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Alexian Brothers Bonaventure House

Employer identification number

36-3527899

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 in 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 (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <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 checked="" 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 in 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) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in 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" to line 5a or 5b, describe in Part III

6 For persons listed in 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" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

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

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

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Department of the Treasury
Internal Revenue Service

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

Name of the organization
Alexian Brothers Bonaventure House

Employer identification number
36-3527899

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	57	53,569	COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		578	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PRINTED MATE)	X	1	7,200	COST
26 Other ▶ (TICKETS / GIFT)	X	5	3,145	COST
27 Other ▶ (COMPUTER)	X	1	600	COST
28 Other ▶ (MISCELLANEOUS)	X	3	350	COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Alexian Brothers Bonaventure House

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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Inspection**

Employer identification number

36 : 3527899

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

(a) Name, address, and EIN 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
Alexian Brothers Bettendorf Place, LLC 35-2363812 825 W. Wellington Ave. Chicago, IL 60657	Housing & supportive care services for persons with HIV/AIDS	IL	\$0	\$0	Alexian Brothers Bonaventure House

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
Alexian Brothers of America, Inc. 36-2606768 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Religious order of Roman Catholic men	TX	501(c)(3)	Schedule A Line 1	N/A
Brothers of St. Alexius Health and Welfare Fund, Inc. 36-2976617 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Provides for health & welfare payments for religious sponsor	TX	501(c)(3)	Schedule A Line 1	Alexian Brothers of America, Inc.
Alexian Brothers Health System 36-3260495 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Supports the provision of healthcare services for related corps. It is a member of	IL	501(c)(3)	Schedule A Line 11c	Alexian Brothers of America, Inc.
Alexian Brothers Health System, Inc. Investment Trust 36-3801585 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Manages pooled investments of not-for-profit entities	IL	501(c)(3)	Schedule A Line 11c	Alexian Brothers Health System
Alexian Brothers of America Investment Trust 36-4390471 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Manages pooled investments of not-for-profit entities	IL	501(c)(3)	Schedule A Line 11c	Alexian Brothers of America, Inc.
The Alexian Brothers Hospital School of Nurses 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Inactive Corporation	IL	501(c)(3)	Schedule A Line 9	Alexian Brothers of America, Inc.
Alexian Brothers of Chicago 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Inactive Corporation	IL	501(c)(3)	Schedule A Line 9	Alexian Brothers of America, Inc.

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Schedule R (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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
Alexian Brothers of San Jose, Inc. 94-1530037 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Acute care hospital (solid in 1998)	TX	501(c)(3)	Schedule A Line 3	Alexian Brothers Health System
Alexian Brothers Services, Inc. 43-1295333 3040 W. Salt Creek Lane Arlington Heights, IL 60005	HUD housing	MO	501(c)(3)	Schedule A Line 9	Alexian Brothers Health System
Alexian Village of Milwaukee, Inc. 39-1351584 9301 N. 76th St Milwaukee, WI 53223	Continuing care retirement community	WI	501(c)(3)	Schedule A Line 9	Alexian Brothers Health System
Alexian Brothers Community Service 36-4344423 425 Cumberland Street, Suite 110 Chattanooga, TN 37404	Provides comprehensive and coordinated community based services.	IL	501(c)(3)	Schedule A Line 9	Alexian Brothers Health System
Alexian Brothers Senior Neighbors 62-4646376 250 East 10th Street Chattanooga, TN 37402	Supports the provision of community services for senior citizens	TN	501(c)(3)	Schedule A Line 7	Alexian Brothers Health System
Alexian Village of Tennessee 62-1136742 437 Alexian Way Signal Mountain, TN 37377	Continuing care retirement community	TN	501(c)(3)	Schedule A Line 8	Alexian Brothers Health System
Alexian Brothers Senior Ministries 36-4484290 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Supports the provision of health care for related corporations	IL	501(c)(3)	Schedule A Line 11c	Alexian Brothers Health System
Alexian Elderly Services, Inc. 39-2039667 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Community outreach	WI	501(c)(3)	Schedule A Line 9	Alexian Brothers Health System
Alexian Brothers of Missouri, Inc. 43-1333670 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Supports the provision of healthcare for related corporations	MO	501(c)(3)	Schedule A Line 11c	Alexian Brothers Health System
Alexian Brothers Lansdowne Village 43-1470382 4624 Lansdowne St. Louis, MO 63116	skilled nursing facility	MO	501(c)(3)	Schedule A Line 9	Alexian Brothers Health System
Alexian Brothers Sherbrooke Village 43-1592502 4005 Ripa Avenue St. Louis, MO 63125	Skilled nursing facility	MO	501(c)(3)	Schedule A Line 9	Alexian Brothers Health System
Alexian Brothers Hospital Network 36-3276552 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Schedule A Line 11c	Alexian Brothers Health System
Alexian Brothers Medical Center 36-2596381 800 Biesterfeld Rd Elk Grove Village, IL 60007	Acute care hospital	TX	501(c)(3)	Schedule A Line 3	Alexian Brothers Health System
Savelli Properties, Inc. 36-3308965 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)	N/A	Alexian Brothers Health System
Alexian Brothers Center for Mental Health 36-3045007 3350 W. Salt Creek Lane Arlington Heights, IL 60005	Outpatient community mental health services	IL	501(c)(3)	Schedule A Line 7	Alexian Brothers Health System
Alexian Brothers Behavioral Health Hospital 36-4251848 1650 Moon Lake Blvd. Hoffman Estates, IL 60005	Behavioral health hospital	IL	501(c)(3)	Schedule A Line 3	Alexian Brothers Health System
St. Alexius Medical Center 36-4251846 1555 Barrington Road Hoffman Estates, IL 60194	Acute care hospital	IL	501(c)(3)	Schedule A Line 3	Alexian Brothers Health System
Alexian Brothers Ambulatory Group 36-4336931 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Occupational health services	IL	501(c)(3)	Schedule A Line 3	Alexian Brothers Health System

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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
Chicago Catholic Healthcare System, Inc. 36-3693486 3040 W Salt Creek Lane Arlington Heights, IL 60005	Inactive corporation Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Schedule A Line 9	Alexian Brothers Hospital Network
Alexian Brothers of the Southeast, Inc. 62-1873651 250 East 10th Street Chattanooga, TN 37402	Acute care hospital (sponsorship transferred in 1997)	TN	501(c)(3)	Schedule A Line 9	Alexian Brothers Health System
Alexian Brothers of St. Louis, Inc. 43-0653236 3040 W Salt Creek Lane Arlington Heights, IL 60005		MO	501(c)(3)	Schedule A Line 3	Alexian Brothers Health System
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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?
							Yes	No		
Elk Grove Village S/LF Association, L.P. 3040 W. Salt Creek Lane Arlington Heights, IL 60005 EIN: 32-0011030	Tax credit financed housing	IL	N/A	N/A	N/A	N/A			N/A	
Alexian Rehabilitation Services L.L.C. 935 Beisner Elk Grove Village, IL 60007 EIN: 30-0221481	Rehabilitation hospital	IL	N/A	N/A	N/A	N/A			N/A	
Illinois NeuroMeg Center, LLC 3040 W. Salt Creek Lane Arlington Heights, IL 60005 EIN: 87-0783164	Provision of NeuroMeg services	IL	N/A	N/A	N/A	N/A			N/A	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
Edessa Insurance Company, LTD 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Captive insurer located in Bermuda	Bermuda	N/A	Bermuda Corporation	N/A	N/A	N/A
Alexian Brothers Health Providers Association, Inc. 36-3853286 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Messenger Model IPA	IL	N/A	C Corp	N/A	N/A	N/A
Bonaventure Medical Group, S.C. 36-3968965 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Employed physician group	IL	N/A	C Corp	N/A	N/A	N/A
Alexian Village of Elk Grove 35-2211303 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Tax credit financed housing	IL	N/A	C Corp	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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 on box 20 of K-1	(j) General or managing partner?
							Yes	No		
Elk Grove M.O.B Limited Partnership 3040 W. Salt Creek Lane Arlington Heights, IL 60005 EIN: 36-3853289	Medical office building	IL	N/A	N/A	N/A	N/A			N/A	
Workplace Solutions, LLC 1100 E. Woodfield Road Schaumburg, IL 60173 EIN: 36-4095007	Provision of EAP services	IL	N/A	N/A	N/A	N/A			N/A	
Bonaventure Medical Foundation, L.L.C. 3040 W. Salt Creek Lane Arlington Heights, IL 60005 EIN: 38-3978153	Primary care and specialty physician services	DE	N/A	N/A	N/A	N/A			N/A	
Neurosciences Equipment, LLC 3040 W. Salt Creek Lane Arlington Heights, IL 60005 EIN: 86-1155516	Ownership of Gamma Knife	IL	N/A	N/A	N/A	N/A			N/A	
Alexian Cardiovascular Institute Equipment, LLC 3040 W. Salt Creek Lane Arlington Heights, IL 60007 EIN: 30-0307978	Lease and sublease of 64 - slice CT equipment	IL	N/A	N/A	N/A	N/A			N/A	
St. Alexius Center for Sleep Health, LLC 665 W. North Avenue Lombard, IL 60148 EIN: 20-5876371	Operation of sleep labs	IL	N/A	N/A	N/A	N/A			N/A	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
	a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity		✓
	b Gift, grant, or capital contribution to other organization(s)		✓
	c Gift, grant, or capital contribution from other organization(s)	✓	
	d Loans or loan guarantees to or for other organization(s)		✓
	e Loans or loan guarantees by other organization(s)		✓
	f Sale of assets to other organization(s)		✓
	g Purchase of assets from other organization(s)		✓
	h Exchange of assets		✓
	i Lease of facilities, equipment, or other assets to other organization(s)		✓
	j Lease of facilities, equipment, or other assets from other organization(s)		✓
	k Performance of services or membership or fundraising solicitations for other organization(s)		✓
	l Performance of services or membership or fundraising solicitations by other organization(s)		✓
	m Sharing of facilities, equipment, mailing lists, or other assets		✓
	n Sharing of paid employees		✓
	o Reimbursement paid to other organization for expenses		✓
	p Reimbursement paid by other organization for expenses		✓
	q Other transfer of cash or property to other organization(s)		✓
	r Other transfer of cash or property from other organization(s)	✓	
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 other organization	(b) Transaction type (a-f)	(c) Amount involved
(1)	Alexian Brothers of America, Inc.	c	225,000
(2)			
(3)			
(4)			
(5)			
(6)			

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Alexian Brothers Bonaventure House

Employer identification number

36 : 3527899

Part III Section 4a: Alexian Brothers Bonaventure House operates two residences for people with HIV/AIDS, homeless or at risk for homelessness upon admission, one in Chicago ("Bonaventure House") and one in Waukegan, Illinois ("The Harbor"). Both Bonaventure House and The Harbor are transitional living programs and State-licensed recovery homes, which provide residents a chance to rebuild their lives and prepare for a return to independent living via a structured two-year program. Bonaventure House is a state-licensed supportive living residence, as well. The array of on-site supportive services include: case management, occupational therapy, recovery (for those overcoming alcohol and drug addictions), spiritual care, after care, and scattered-site permanent supportive housing (The Transitional to Permanent Housing Program) for nearly 20 program graduates. In 2009, Bonaventure House began another new initiative in collaboration with the AIDS Foundation of Chicago, the Samaritan Housing Program, providing scattered-site permanent supportive housing, with the services of an intensive case manager, for up to 15 chronically homeless people living with HIV. Finally, with respect to the latest new initiative, "Bettendorf Place," - planning proceeded in 2009 for an estimated early to mid-2011 opening of this project-based permanent supportive housing program in Chicago's southeast side, South Chicago neighborhood. Bettendorf Place will offer 23 studio apartment units, for single adult men and women living with HIV, in a renovated convent of the St. Mary Magdalene Roman Catholic Church at 84th Street and Saginaw in Chicago, IL.

Bonaventure House has 35 private rooms and The Harbor has 8 private rooms. Services are delivered by an experienced team of licensed/certified professional and paraprofessional staff. Both facilities are staffed 24 hours/day, 7 days/week. Food service, family room, computer learning center, laundry facility and chapel are offered at both of these congregate living programs.

In 2009, Bonaventure House served 55 unduplicated residents at its Wellington Ave. facility, and The Harbor served 11. Bonaventure House maintained an 89% occupancy rate and The Harbor's occupancy rate was 83%. The resident population at Bonaventure was 69% non-hispanic Black, 24% non-hispanic White, 3.5% Hispanic, and 3.5% Asian. At The Harbor, 91% of residents were non-Hispanic Black, and 9% were Hispanic-Mixed. Eighty-five per cent (85%) of Bonaventure and Harbor residents lived at or below the federal poverty level - and over 90% are in recovery from addictions. In 2009, between 83% and 100% of after care clients maintained their housing, adhered to medication

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Schedule O (Form 990) 2009

Name of the organization

Alexian Brothers Bonaventure House

Employer identification number

36 : 3527899

regimens, remained engaged in HIV primary care, and remained clean and sober - 12 months following program completion.

Form 990 Part VI Section A Line 6: Alexian Brothers Bonaventure House ("ABBH") has one member, Alexian Brothers of America, Inc.

Form 990 Part VI Section A Line 7a: ABBH has one member, Alexian Brothers of America, Inc., who has authority to appoint and remove directors of ABBH.

Form 990 Part VI Section A Line 7b: Alexian Brothers of America, Inc. has principal authority with respect to the following matters:

-Amendment of the Articles of Incorporation and Bylaws as provided by the Statute;

-Appointment and removal of Directors and Executive Officers;

-Adoption, amendment and repeal of fundamental statements of mission, philosophy, spirit, vision, values and charity policy, and the sponsorship of apostolic activities;

-Other certain reserved powers which Alexian Brothers of America, Inc. may designate

Form 990 Part VI Section B Line 11: Alexian Brothers Bonaventure House is an affiliate of Alexian Brothers Health System ("ABHS" or "the System"), which is a Catholic health system. ABHS is the National Member and ultimate parent for each entity within the System. Alexian Brothers Bonaventure House's Form 990 goes through an intensive review process at the System's Corporate level prior to being filed with the IRS. The entire Form 990 is also reviewed by Alexian Brothers Bonaventure House's CEO. The Form 990 is also reviewed at the System Corporate level by the Chief Accounting Officer for ABHS. The Vice President and General Counsel for the System reviews all sections of the Form 990 with the exception of the compensation section. The Vice President of Human Resources for ABHS reviews all compensation disclosures for each entity in ABHS. The Finance Committee of the Board also reviews the Form 990. These reviews are conducted before the Form 990 is signed and filed with the IRS.

In addition, there is also a Compensation Committee that reports to the ABHS Board of Governors. This Committee reviews the Compensation disclosures for all entities in the System.

Name of the organization Alexian Brothers Bonaventure House	Employer identification number 36 3527899
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Form 990 Part VI Section B Line 12c: Alexian Brothers Bonaventure House collects annual attestations from board members, officers, directors and key employees. The attestations are reviewed by the Alexian Brothers Bonaventure House Chief Executive Officer and the respective board chairman.

Form 990 Part VI Section B Line 15: Compensation for the Executive Director of Bonaventure House is determined by the Sponsors (a Roman Catholic Religious Organization). A competitive market analysis is completed by a qualified independent consultant. The consultant takes into account pay and benefit packages for executives in similar positions in similar organizations. Compensation is determined by the Sponsor within the parameters proposed by the consultant and is approved by the Sponsor's Provincial Council.

Form 990 Part VI Section C Line 19: ABBH's financial statements are available through the Office of the Illinois Attorney General. Conflicts of Interest and ABBH's governing documents are not made available to the public.

Form 990 Part VII: Disclosures for estimated hours per week devoted to related organizations for which compensation was reported: Virginia Golembiewski and Jeannie Justice each worked 40 hours per week for Alexian Brothers Health System. Julie Geils worked 40 hours per week for Alexian Brothers Behavioral Health Hospital. All others listed in Part VII devoted 100% of their time to the filing organization.

Part VII, Column E: Payroll records are kept that identify which officers/key employees are paid by a related entity. These documents also show the organization being charged for the officer's/key employee's services.

Form 990, Schedule R, Part V, Line 2: Alexian Brothers Bonaventure House tracks all transactions with related organizations in the general ledger or subsidiary schedules to the general ledger. Amounts are valued based on the fair market value of the transaction.