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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2011 calendar year, or tax year beginning** JAN 1, 2012 **and ending** JUN 30, 2012

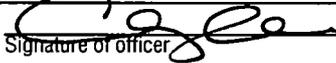
<b>B</b> Check if applicable  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Alexian Brothers Bonaventure House Doing Business As Alexian Brothers The Harbor 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 <b>F Name and address of principal officer:</b> Cheryl Potts same as C above	<b>D Employer identification number</b> 36-3527899	<b>E Telephone number</b> (847) 385-7160
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> 1,169,150.	
<b>J Website:</b> www.bonaventurehouse.org		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> 0928	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1987 <b>M State of legal domicile:</b> IL	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities. <b>ABBH carries out the healing mission of the Catholic Church as an Alexian (See Schedule O)</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		6
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		3
<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>		0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		103
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	Prior Year	Current Year
			1,860,169.	1,009,392.
<b>9</b>	Program service revenue (Part VIII, line 2g)		385,175.	138,747.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		710.	8,731.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,799.	10,110.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,288,853.	1,166,980.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,045.	22,332.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,286,608.	718,798.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)		88,637.	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		748,649.	594,421.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,070,302.	1,335,551.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12		218,551.	-168,571.
<b>20</b>	Total assets (Part X, line 16)		Beginning of Current Year	End of Year
			7,262,953.	7,345,421.
<b>21</b>	Total liabilities (Part X, line 26)		5,213,149.	5,233,362.
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20		2,049,804.	2,112,059.

**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.

<b>Sign Here</b>	Signature of officer:  Cheryl Potts, Executive Director Type or print name and title	Date: May 8, 2013
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: Mary Rauschenberg Preparer's signature:  Date: 04/29/13 Check if self-employed: <input type="checkbox"/> PTIN: P00172604 Firm's name: Deloitte Tax LLP Firm's EIN: 86-1065772 Firm's address: 111 South Wacker Drive, Chicago, IL 60606 Phone no.: (312) 486-1000	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission:

Alexian Brothers Bonaventure House ("ABBH") 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 X

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 X

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 901,985. including grants of \$ 22,332. ) (Revenue \$ 138,747. )

Alexian Brothers Bonaventure House ("ABBH") was founded in the 1980s by the Alexian Brothers who took people dying of AIDS into their personal residences. During an era when many institutions were questioning their positions on HIV/AIDS, the Alexian Brothers forged ahead to promote care instead of debate. Our vision is to transform the lives of people with HIV/AIDS within a compassionate, supportive community by providing a home, comprehensive services, and spiritual care. We are committed to embodying the Alexian Brothers values of compassion, dignity of the person, care of the poor, holism and partnership. Approximately 15,000 people with HIV/AIDS in Chicago need housing assistance but there are just 1,300 units available. Many of the Chicago neighborhoods with the highest HIV/AIDS rates are also the poorest, with high (See Schedule O)

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 901,985.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> 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	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> 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, Parts II and IV</i>		X
<b>16</b> 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, Parts III and IV</i>		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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	
<b>23</b> 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
<b>24a</b> 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
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **David Jones - (847) 590-2501**  
**3040 West Salt Creek Lane, Arlington Heights, IL 60005**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Julie Geils Vice President	1.00	X		X				0.	0.	0.
(2) Natalie S. Oh Director	1.00	X						0.	0.	0.
(3) Brother Daniel McCormick, C.F.A. Chairperson	1.00	X		X				0.	0.	0.
(4) Cheryl Potts Secretary/Treasurer	40.00	X		X				0.	0.	0.
(5) David Reilly Director	1.00	X						0.	0.	0.
(6) Mark Frey Ex-officio Director	1.00	X						0.	0.	0.
(7) Clayton Ciha President	1.00			X				0.	0.	0.
(8) Donna Gauthier Assistant Secretary	1.00			X				0.	0.	0.



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	371,616.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	619,246.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18,530.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			1,009,392.			
<b>Program Service Revenue</b>	<b>2 a</b> Social Service Fee	Business Code 900099	131,724.	131,724.			
	<b>b</b> Developer Fee	900099	7,023.	7,023.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			138,747.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		8,731.			8,731.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	12,280.				
		<b>b</b> Less direct expenses	<b>b</b>	2,170.			
		<b>c</b> Net income or (loss) from fundraising events		10,110.			10,110.
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>					
<b>b</b> Less direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			1,166,980.	138,747.	0.	18,841.	

**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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	22,332.	22,332.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	614,340.	432,263.	148,015.	34,062.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	5,534.	1,454.	4,080.	
9 Other employee benefits	56,345.	27,852.	25,486.	3,007.
10 Payroll taxes	42,579.	31,631.	8,331.	2,617.
11 Fees for services (non-employees):				
a Management				
b Legal	13,123.		13,123.	
c Accounting	27,250.		27,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	43,904.	21,869.	6,860.	15,175.
12 Advertising and promotion	344.			344.
13 Office expenses	52,671.	35,457.	5,828.	11,386.
14 Information technology	36,442.	36,442.		
15 Royalties				
16 Occupancy	140,260.	96,403.	34,982.	8,875.
17 Travel	16,527.	8,798.	7,374.	355.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	150,465.	115,788.	27,850.	6,827.
23 Insurance	15,813.	11,996.	3,090.	727.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Client Assist./Services	47,340.	47,249.	0.	91.
b Consulting Services	31,944.	0.	28,479.	3,465.
c Dues and Membership Fee	6,715.	3,152.	3,426.	137.
d Bad Debt Expense	1,424.	1,424.		
e All other expenses	10,199.	7,875.	755.	1,569.
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>1,335,551.</b>	<b>901,985.</b>	<b>344,929.</b>	<b>88,637.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	804,183.	<b>1</b>	258,644.
	<b>2</b> Savings and temporary cash investments	99,401.	<b>2</b>	102,401.
	<b>3</b> Pledges and grants receivable, net	329,263.	<b>3</b>	291,822.
	<b>4</b> Accounts receivable, net		<b>4</b>	2,602.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	11,898.	<b>9</b>	12,478.
	<b>10a</b> Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,787,159.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 150,465.	5,505,065.	<b>10c</b> 5,636,694.
	<b>11</b> Investments - publicly traded securities	180,013.	<b>11</b>	711,083.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	333,130.	<b>15</b>	329,697.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,262,953.	<b>16</b>	7,345,421.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	410,454.	<b>17</b>	528,191.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	1,500.	<b>19</b>	192,048.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	4,801,195.	<b>23</b>	4,513,123.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	5,213,149.	<b>26</b>	5,233,362.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,820,027.	<b>27</b>	1,933,550.
	<b>28</b> Temporarily restricted net assets	227,277.	<b>28</b>	176,009.
	<b>29</b> Permanently restricted net assets	2,500.	<b>29</b>	2,500.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	2,049,804.	<b>33</b>	2,112,059.
<b>34</b> Total liabilities and net assets/fund balances	7,262,953.	<b>34</b>	7,345,421.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,166,980.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,335,551.
3	Revenue less expenses. Subtract line 2 from line 1	3	-168,571.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,049,804.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	230,826.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,112,059.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	X	
3b	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	X	

Form **990** (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization <p style="text-align: center;">Alexian Brothers Bonaventure House</p>	Employer identification number <p style="text-align: center;">36-3527899</p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 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?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

(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	
<b>Total</b>									

132021 01-24-12

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

- 16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 - 2010.** 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

132022 01-24-12

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,093,590.	1,688,244.	1,798,411.	1,860,169.	1,010,704.	8,451,118.
<b>2</b> 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	46,307.	46,673.	204,270.	385,175.	138,747.	821,172.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,139,897.	1,734,917.	2,002,681.	2,245,344.	1,149,451.	9,272,290.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons			119,800.			119,800.
<b>b</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.
<b>c</b> Add lines 7a and 7b			119,800.			119,800.
<b>8 Public support</b> (Subtract line 7c from line 6)						9,152,490.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	2,139,897.	1,734,917.	2,002,681.	2,245,344.	1,149,451.	9,272,290.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,378.	36,665.	5,274.	710.	8,731.	74,758.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	23,378.	36,665.	5,274.	710.	8,731.	74,758.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	2,163,275.	1,771,582.	2,007,955.	2,246,054.	1,158,182.	9,347,048.

**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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.92 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	97.95 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.80 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	.87 %

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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. Also complete this part for any additional information. (See instructions).

Reason for filing short year tax return:

The organization is filing a short period return for the current tax year due to a change of accounting period. Thus, the amounts in column 2011 of Schedule A reflect the tax year 1/1/2012 - 6/30/2012 activity. Prior balances have been rolled backward.



**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

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	2,500.	52,500.	52,500.	52,500.	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs		50,000.			
f Administrative expenses					
g End of year balance	2,500.	2,500.	52,500.	52,500.	

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,650,939.		4,650,939.
b Buildings		230,000.	60,959.	169,041.
c Leasehold improvements		829,050.	75,404.	753,646.
d Equipment		77,170.	14,102.	63,068.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  5,636,694.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

132053  
01-23-12

**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	1,166,980.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,335,551.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-168,571.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	230,826.
9	Total adjustments (net). Add lines 4 through 8	9	230,826.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	62,255.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,165,714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	50,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-51,266.
e	Add lines 2a through 2d	2e	-1,266.
3	Subtract line 2e from line 1	3	1,166,980.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,166,980.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,385,551.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	50,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	50,000.
3	Subtract line 2e from line 1	3	1,335,551.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,335,551.

**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 XI, Line 8 - Other Adjustments:

Change in fair value of assets	282,094.
Transfers and miscellaneous	-51,268.
Total to Schedule D, Part XI, Line 8	230,826.

Part XII, Line 2d - Other Adjustments:

Contributions	60,317.
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**Part XIV** Supplemental Information (continued)

Net assets released from restrictions -111,583.

Total to Schedule D, Part XII, Line 2d -51,266.

Multiple horizontal lines for supplemental information.



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Transportation	51	9,992.	0.		
Tuition and Books	25	2,978.	0.		
Furniture & Home Furnishings	9	2,095.	0.		
Rent and Utilities	11	2,917.	0.		
Medical and Dental	7	2,862.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

Schedule I, Part I, Line 2:

The Organization maintains records supporting these expenditures.

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Food Vouchers	25.	1,162.	0.		
Others	8.	326.	0.		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Alexian Brothers Bonaventure House

Employer identification number

36-3527899

Form 990, Part I, Line 1, Description of Organization Mission:

Brothers ministry by identifying and developing effective responses to

the health and housing needs of those we are called to serve.

Form 990, Part III, Line 4a, Program Service Accomplishments:

rates of incarceration and unemployment. Over 18 months, supportive

housing for people with HIV saved over \$1.5 million in hospital,

emergency room, and nursing home costs for those who were still

homeless. It is easy to see why ABBH services are so crucial to the

community. For over 20 years, ABBH has served the HIV/AIDS community.

It operates two sites in the Chicagoland area, ABBH, in Chicago, and

Alexian Brothers Bonaventure House d/b/a Alexian Brothers The Harbor

("The Harbor"), in Waukegan. Both provide case management, recovery

services, and distinguished after care, spiritual care and occupational

therapy programs. After spending two years in the transitional living

programs offered by ABBH, some graduates participate in the

transitional to permanent housing program. Its purpose is to ensure

residents' continued success after graduating from the transitional

living program by providing case management and affordable housing in

safe neighborhoods. ABBH also participates in the Samaritan Housing

Program, a collaboration of 11 Chicago-based health, housing and

homeless service providers designed to move chronically homeless

individuals with chronic medical conditions, including mental illness,

into stable, permanent housing as quickly as possible. It provides

comprehensive wraparound services and intensive case management to

improve housing and health outcomes among this highly vulnerable

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization Alexian Brothers Bonaventure House	Employer identification number 36-3527899
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homeless population. ABBH opened Alexian Brothers Bettendorf Place in the fall of 2011 and offers permanent supportive housing to individual affected by HIV/AIDS.

Form 990, Part VI, Section A, line 2: Julie Geils, Cheryl Potts, Mark Frey, Clayton Ciha, and Donna Gauthier have a business relationship due to joint employment by a common health system entity.

Form 990, Part VI, Section A, line 4: Effective as of January 1, 2012, Alexian Brothers Health System ("ABHS") became a member of Ascension Health, a Catholic, national health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 21 of the United States and the District of Columbia. Alexian Brothers Bonaventure House, a subsidiary of ABHS, amended its bylaws and Articles of Incorporation as part of that membership change.

Form 990, Part VI, Section A, line 6: Alexian Brothers Bonaventure House has one member, Alexian Brothers Health System (the "National Member").

Form 990, Part VI, Section A, line 7a: Alexian Brothers Health System has the principal authority to appoint and remove Directors of Alexian Brothers Bonaventure House.

Form 990, Part VI, Section A, line 7b: All decisions that have a material impact to Alexian Brothers Bonaventure House's financial information or corporation as a whole are subject to approval by its sole corporate

member, Alexian Brothers Health 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 11: ABBH 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. ABBH'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 reviewed by ABBH's financial officer and the Executive Director. The Form 990 is also reviewed at the System Corporate level by the Chief Accounting Officer for the System. 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. These reviews were conducted before the Form 990 was 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.

ABBH board reports to the ABHS Board of Governors, which has ultimate oversight of the activities of all entities within the System. The Audit Committee of the ABHS Board of Governors has responsibility for and oversight of the Tax Compliance process. The Audit Committee provides oversight for the Form 990 process for the entire System and reviews detailed Forms 990 for the System on a rotating basis. It then reports back to the ABHS Board of Governors on the results of these activities. The Forms 990 not reviewed by the Audit Committee are available to the Audit

Committee members upon request. The Audit Committee did not review the 2012

Name of the organization Alexian Brothers Bonaventure House	Employer identification number 36-3527899
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Form 990 for ABBH.

Form 990, Part VI, Section B, Line 12c: ABBH collects annual attestations from board members, officers, directors and key employees. The attestations are reviewed by the ABBH compliance officer and any conflicts are shared with the ABBH Executive Director. The conflicts are also reviewed by the System's Vice President Corporate Responsibility Officer. The Audit Committee of the ABHS Board of Governors monitors and receives reports on the completion of this process.

Form 990, Part VI, Section B, Line 15: ABBH follows the requirements set forth in the IRS rebuttable presumption of reasonableness in determining compensation of the Executive Director and other officers and executives of the Corporation. This function is performed by the Compensation Committee of the Board of Governors of ABHS, which is composed of independent board members. The process includes review of comparability data, retention of an outside compensation consultant, and contemporaneous substantiation of the deliberation and decision through detailed minutes of the Compensation Committee.

Form 990, Part VI, Section C, Line 19: The financial statements of Alexian Brothers Bonaventure House are available through the Office of the Illinois Attorney General. Conflict of Interest statements and the governing documents of Alexian Brothers Bonaventure House are not made available to the public.

Form 990, Part VII:

ABBH is not reporting any key employees or highest compensated

132212  
01-23-12

Name of the organization Alexian Brothers Bonaventure House	Employer identification number 36-3527899
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individuals (nor any related information) in the 6/30/12 year end tax return since no calendar year compensation is included in this tax reporting period per the instructions to the form.

Form 990, Part VII, Section A:

Disclosure for estimated hours per week devoted for related

organizations:

- Julie Geils worked 40 hours per week for Alexian Brothers Behavioral Health Hospital;

- Clayton Ciha worked 40 hours per week for Alexian Brothers Behavioral Health Hospital;

- Donna Gauthier worked 40 hours per week for Alexian Brothers Health System;

- Mark Frey worked 40 hours per week for Alexian Brothers Health System;

- All others listed in Part VII devoted 100% of their time to ABBH.

Form 990, Part XI, line 5, Changes in Net Assets:

Change in fair value of assets	282,094.
Transfers and miscellaneous	-51,268.
Total to Form 990, Part XI, Line 5	230,826.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

Alexian Brothers Bonaventure House

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, 8425 S. Saginaw, Chicago, IL 60617	Permanent supportive housing	Illinois	42,000.	5,213,183.	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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Ascension Health - 31-1662309 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	Section 501(c)(3)	11a	Ascension Health Alliance		X
Alexian Brothers Health System - 36-3260495 3040 W. Salt Creek Lane Arlington Heights, IL 60005	Supports provision of healthcare services for related corporations	Illinois	Section 501(c)(3)	11, III-FI	Ascension Health	X	
Alexian Brothers Health System, Inc. Investment Trust - 36-3801585, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Manages pooled investments of related not-for-profit entities	Illinois	Section 501(c)(3)	11, III-FI	Alexian Brothers Health System	X	
Alexian Brothers Specialty Group - 80-0710751, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Specialty physician practice group	Illinois	Section 501(c)(3)	3	Alexian Brothers Health System	X	

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

Schedule R (Form 990) 2011

**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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Alexian Brothers of San Jose, Inc. - 94-1530037, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Acute care hospital (sold in 1998)	Texas	Section 501(c)(3)	11, III-FI	Alexian Brothers Health System		X
Alexian Brothers Services, Inc. - 43-1295333 3040 W. Salt Creek Lane	HUD housing	Missouri	Section 501(c)(3)	9	Alexian Brothers Health System		X
Arlington Heights, IL 60005	Continuing care retirement community	Wisconsin	Section 501(c)(3)	9	Alexian Brothers Health System		X
Alexian Village of Milwaukee, Inc. - 39-1351584, 9301 N. 76th Street, Milwaukee, WI 53223	Provides comprehensive & coordinated community based services	Illinois	Section 501(c)(3)	9	Alexian Brothers Health System		X
Alexian Brothers Community Services - 36-4344423, 425 Cumberland Street, Suite 110, Chattanooga, TN 37404	Supports the provision of community services for senior citizens	Tennessee	Section 501(c)(3)	7	Alexian Brothers Health System		X
Alexian Brothers Senior Neighbors - 62-0646376, 250 East 10th Street, Chattanooga, TN 37402	Continuing care retirement community	Tennessee	Section 501(c)(3)	9	Alexian Brothers Health System		X
Alexian Village of Tennessee - 62-1136742 437 Alexian Way	Supports the provision of healthcare services for related corporations	Illinois	Section 501(c)(3)	11, III-FI	Alexian Brothers Health System		X
Signal Mountain, TN 37377	Community outreach	Wisconsin	Section 501(c)(3)	9	Alexian Brothers Health System		X
Alexian Brothers Senior Ministries - 36-4484290, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Skilled nursing facility	Missouri	Section 501(c)(3)	9	Alexian Brothers Health System		X
Alexian Elderly Services, Inc. - 39-2039667 3040 W. Salt Creek Lane	Skilled nursing facility	Missouri	Section 501(c)(3)	9	Alexian Brothers Health System		X
Arlington Heights, IL 60005	Acute care hospital (sponsorship transferred in 1997)	Missouri	Section 501(c)(3)	9	Alexian Brothers Health System		X
Alexian Brothers Lansdowne Village - 43-1470362, 4624 Lansdowne, St. Louis, MO 63116	Supports the provision of healthcare services for related corporations	Illinois	Section 501(c)(3)	11, III-FI	Alexian Brothers Health System		X
Alexian Brothers Sherbrooke Village - 43-1592502, 4005 Ripa Avenue, St. Louis, MO 63125	Supports the provision of healthcare services for related corporations	Illinois	Section 501(c)(3)	11, III-FI	Alexian Brothers Health System		X
Alexian Brothers of St. Louis, Inc. - 43-0652336, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Supports the provision of healthcare services for related corporations	Illinois	Section 501(c)(3)	11, III-FI	Alexian Brothers Health System		X
Alexian Brothers Hospital Network - 36-3276552, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Supports the provision of healthcare services for related corporations	Illinois	Section 501(c)(3)	11, III-FI	Alexian Brothers Health System		X



**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?	(k) Percentage ownership
							Yes	No			
Alexian Rehabilitation Services, LLC - 30-0221481, 935 Beisner Road, Elk Grove Village, IL 60007	Rehabilitation hospital	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois NeuroMeg Center, LLC - 87-0783164, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Provision of NeuroMeg services	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Elk Grove M.O.B. Limited Partnership - 36-3853289, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Medical office building	IL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Workplace Solutions, LLC - 36-4095007, 1100 E Woodfield Road, Schaumburg, IL 60173	Provision of EAP services	IL	N/A	N/A	N/A	N/A	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
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			
Alexian Brothers Corpus Christi Housing Project, LLC - 94-3465394, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005	Tax credit financed housing	IL	N/A	C CORP			
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			



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

- Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule
- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
    - a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
    - b** Gift, grant, or capital contribution to related organization(s)
    - c** Gift, grant, or capital contribution from related organization(s)
    - d** Loans or loan guarantees to or for related organization(s)
    - e** Loans or loan guarantees by related organization(s)
    - f** Sale of assets to related organization(s)
    - g** Purchase of assets from related organization(s)
    - h** Exchange of assets with related organization(s)
    - i** Lease of facilities, equipment, or other assets to related organization(s)
    - j** Lease of facilities, equipment, or other assets from related organization(s)
    - k** Performance of services or membership or fundraising solicitations for related organization(s)
    - l** Performance of services or membership or fundraising solicitations by related organization(s)
    - m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
    - n** Sharing of paid employees with related organization(s)
    - o** Reimbursement paid to related organization(s) for expenses
    - p** Reimbursement paid by related organization(s) for expenses
    - q** Other transfer of cash or property to related organization(s)
    - r** Other transfer of cash or property from related 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-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	Alexian Brothers Health System	C	371,616.FMV			X
(2)	Alexian Brothers Health System	O	105,930.FMV			X
(3)	Alexian Brothers Health System	R	15,025.FMV		X	
(4)						
(5)						
(6)						



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Part V, Line 2 disclosure:

ABBH 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.

# Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2012)

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ALEXIAN BROTHERS BONAVENTURE HOUSE</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>36-3527899</b>
File by the cue date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>825 WEST WELLINGTON AVENUE</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60657-9249</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ JEANNIE JUSTIE  
3040 W. SALT CREEK LAKE - ARLINGTON HEIGHTS, IL 60005-1069

Telephone No. ▶ (847) 385-7160 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning JANUARY 1, 20 12, and ending JUNE 30, 20 12.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions Alexian Brothers Bonaventure House	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-3527899
	Number, street, and room or suite no. If a P.O. box, see instructions. 825 West Wellington Avenue	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60657-9249	

Enter the Return code for the return that this application is for (file a separate application for each return)

0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

Jean Justie

- The books are in the care of  3040 West Salt Creek Lane - Arlington Heights, IL 60005  
Telephone No.  (847) 385-7160 FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until May 15, 2013.
- For calendar year \_\_\_\_\_, or other tax year beginning JAN 1, 2012, and ending JUN 30, 2012.
- If the tax year entered in line 5 is for less than 12 months, check reason.  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
Additional time is respectfully requested to gather the information necessary to file a complete and accurate return.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  CPA Date