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Form 990

## Return of Organization Exempt From Income Tax

2010

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

Department of the Treasury

Internal Revenue Service

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

## A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
MARYVILLE ACADEMY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
1150 NORTH RIVER ROAD

Room/suite

City or town, state or country, and ZIP + 4  
DES PLAINES, IL 60016F Name and address of principal officer  
SISTER CATHERINE RYAN  
1150 NORTH RIVER ROAD  
DES PLAINES, IL 60016H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW MARYVILLE ACADEMY ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1883 M State of legal domicile IL

## Part I Summary

## 1 Briefly describe the organization's mission or most significant activities

MARYVILLE ACADEMY IS ONE OF ILLINOIS' OLDEST CHILDCARE AGENCIES, BRINGING HOPE AND HEALING TO CHILDREN AND FAMILIES AT THEIR TIME OF GREATEST NEED FOR OVER 127 YEARS TODAY OUR FULL RANGE OF RESIDENTIAL, HEALTHCARE, FAMILY SUPPORT, EDUCATIONAL, AND COMMUNITY DEVELOPMENT PROGRAMS HELP CHILDREN AND FAMILIES FIND HEALING, INNER STRENGTH AND HOPE FOR THE FUTURE AT MARYVILLE ACADEMY, WE ARE DEDICATED TO PROVIDING CHILDREN AND FAMILIES THE TOOLS THEY NEED TO REACH THEIR FULLEST POTENTIAL BECAUSE WE BELIEVE IN CHILDREN, OUR PROGRAMS FOCUS ON HEALTHY HOMES AND THE TOOLS THEY NEED TO TRANSITION INTO ADULTHOOD

## 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) . . . . .	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	17
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5	622
6 Total number of volunteers (estimate if necessary) . . . . .	6	709
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	1,518,449	1,443,636
9 Program service revenue (Part VIII, line 2g) . . . . .	33,833,655	32,004,022
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-610,187	1,593,147
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	647,316	1,130,745
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	35,389,233	36,171,550

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	610,477	476,441
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	27,611,333	27,593,942
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 538,869		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	14,385,045	12,195,737
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	42,606,855	40,266,120
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-7,217,622	-4,094,570

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	78,672,712	83,237,551
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	9,681,253	8,470,170
	68,991,459	74,767,381

## 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 NORMAN JOYCE CHIEF FINANCIAL OFFICER Type or print name and title	2012-05-15 Date
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Paid Preparer Use Only	Print/Type preparer's name Firm's name Firm's address	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> Firm's EIN Phone no	PTIN
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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

**1 Briefly describe the organization's mission**

MARYVILLE ACADEMY IS ONE OF ILLINOIS' OLDEST CHILDCARE AGENCIES, BRINGING HOPE AND HEALING TO CHILDREN AND FAMILIES AT THEIR TIME OF GREATEST NEED FOR OVER 127 YEARS TODAY OUR FULL RANGE OF RESIDENTIAL, HEALTHCARE, FAMILY SUPPORT, EDUCATIONAL, AND COMMUNITY DEVELOPMENT PROGRAMS HELP CHILDREN AND FAMILIES FIND HEALING, INNER STRENGTH AND HOPE FOR THE FUTURE AT MARYVILLE ACADEMY, WE ARE DEDICATED TO PROVIDING CHILDREN AND FAMILIES THE TOOLS THEY NEED TO REACH THEIR FULLEST POTENTIAL BECAUSE WE BELIEVE IN CHILDREN, OUR PROGRAMS FOCUS ON HEALTHY HOMES AND THE TOOLS THEY NEED TO TRANSITION INTO ADULTHOOD

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**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

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**4a** (Code ) (Expenses \$ 12,332,613 including grants of \$ 5,155 ) (Revenue \$ 12,355,141 )

MEDICAL THE SCOTT NOLAN PSYCHIATRIC HOSPITAL FOR CHILDREN IS AN INPATIENT PSYCHIATRIC HOSPITAL PROGRAM DESIGNED FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS AGES 3-21, WHO ARE IN IMMEDIATE NEED OF PSYCHIATRIC STABILIZATION AND WHO ARE AT RISK OF HARMING THEMSELVES OR OTHERS

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**4b** (Code ) (Expenses \$ 15,842,291 including grants of \$ 295,543 ) (Revenue \$ 14,798,554 )

RESIDENTIAL THERAPEUTIC TREATMENT FACILITIES FOR YOUTH WITH SEVERE MENTAL HEALTH, SUBSTANCE ABUSE, OR INTELLECTUAL DISABILITIES MARKED BY EMOTIONAL, BEHAVIORAL AND ACADEMIC PROBLEMS OR WHO HAVE BEEN VICTIMS OF ACUTE TRAUMA THERE ARE APPROXIMATELY 130 YOUTHS IN PLACEMENTS AT ANY ONE TIME

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**4c** (Code ) (Expenses \$ 3,591,676 including grants of \$ 2,949 ) (Revenue \$ 2,698,762 )

EDUCATIONAL THE MARYVILLE JEN SCHOOL (GRADES 7 TO 12) SERVES 48 CHILDREN IN THE MARYVILLE RESIDENTIAL PROGRAMS AND STUDENTS FROM THE COMMUNITY WITH COMPLEX EMOTIONAL, BEHAVIORAL AND LEARNING DISABILITIES THE SCHOOL STAFF USES HANDS-ON, ALTERNATIVES AND EXPERIENTIAL TEACHING METHODS IN CONJUNCTION WITH TRADITIONAL INSTRUCTION METHODS TO MAXIMIZE THE STUDENTS' POTENTIAL FOR SUCCESS THE TEACHING STAFF COORDINATES WITH OUR THERAPEUTIC STAFF TO ENSURE THAT OUR STUDENTS MAKE ADVANCEMENTS

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**4d Other program services (Describe in Schedule O ) See also Additional Data for Description**

(Expenses \$ 6,104,520 including grants of \$ 182,601 ) (Revenue \$ 2,643,183 )

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**4e Total program service expenses** \$ 37,871,100

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**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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? If "Yes," complete Schedule F, Parts I and IV

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 U.S.? If "Yes," complete Schedule F, Parts II and IV

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 U.S.? If "Yes," complete Schedule F, Parts III and IV

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? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9	Yes	
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a	Yes	
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a	Yes	
20b	Yes	

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

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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21		No
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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25		24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	<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? If "Yes," complete Schedule L, Part I		25a		No
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? If "Yes," complete Schedule L, Part I		25b		No
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? If "Yes," complete Schedule L, Part II		26		No
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? If "Yes," complete Schedule L, Part III		27		No
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		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c		No
c	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? If "Yes," complete Schedule L, Part IV		29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		33		No
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? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	35		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		36		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	37		No
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	38	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	38		
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? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>			
38	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				

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	49
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	622
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	Yes
<b>a</b>	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?	7b	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	No
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

1a Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 17

b Enter the number of voting members included in line 1a, above, who are independent . . . . . **1b** 17

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? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

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

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

10a Does the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b 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 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

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?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

### 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 Form 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

Own website  Another's website  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. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

NORMAN JOYCE  
1150 N RIVER ROAD  
DES PLAINES, IL 60016  
(847) 294-1944

**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, and **current** key employees. 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 (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	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) CHERYL HEYDEN ASSOC EX D	60.00	X		X				116,099	0	12,385
(2) BISHOP GEORGE RASSAS DIRECTOR	1.00	X						0	39,947	4,140
(3) MONSIGNOR MICHAEL BOLAND DIRECTOR	4.00	X						0	35,697	759
(4) GEORGE ROURKE DIRECTOR	4.00	X						0	0	0
(5) AGNES PISZCZEK DIRECTOR	1.00	X						0	0	0
(6) ROBERT SCHANK CFA CPA DIRECTOR	2.00	X						0	0	0
(7) AURORA ABELLA - AUSTRIACO DIRECTOR	1.00	X						0	0	0
(8) RICHARD DEVINE CHAIRMAN	4.00	X						0	0	0
(9) KATHLEEN DEVINE DIRECTOR	1.00	X						0	0	0
(10) DIANE GERAGHTY DIRECTOR	1.00	X						0	0	0
(11) LOUIS GLUNZ PHD DIRECTOR	1.00	X						0	0	0
(12) MICHAEL GOLDEN DIRECTOR	1.00	X						0	0	0
(13) ANDREW LOTTS CPA TREASURER	4.00	X						0	0	0
(14) PATRICK SHEA DIRECTOR	1.00	X						0	0	0
(15) RICK VELASQUEZ SECRETARY	4.00	X						0	0	0
(16) JOHN WILHELM MD DIRECTOR	1.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Or Director or Individual Trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee			
(17) MELANIE PETTAWAY DIRECTOR	1 00	X					0	0	0
(18) SISTER CATHERINE RYAN EXECUTIVE DI	60 00	X		X			0	0	0
(19) SHEILA MERRY DIRECTOR	1 00	X					0	0	0
(20) TIMOTHY MORGAN DIR OF FINC	60 00			X			143,572	0	10,790
(21) SHIRAZ MAHMUD BUTT MD MEDICAL DIRE	45 00				X		275,000	0	21,159
(22) LAUREN SHIN HAYDUNG MD PSYCHIATRIST	40 00				X		219,092	0	19,620
(23) MARK FRIEDMAN MD PSYCHIATRIST	46 00				X		167,100	0	27,982
(24) LERWUT WONGSARNGIGOON MD PSYCHIATRIST	41 00				X		139,616	0	22,477
(25) JILL ROEMER CHIEF CLINIC	50 00				X		115,345	0	14,415
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							1,175,824	75,644	133,727

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►12

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FRANK M PAWLAK PC 333 N MICHIGAN AVE STE 912 CHICAGO, IL 60601	LEGAL SERVICES	174,300
DELOITTE TOUCHE LLP 111 S WACKER DR CHICAGO, IL 60606	AUDIT /TAX SERV	139,033
BJW MASONRY INC 3923 N PITTSBURGH AVE CHICAGO, IL 60634	REPAIRS/REMODEL	136,600
MOSCRIP REMODELING 191 HILLCREST TERRACE 1A BLOOMINGDALE, IL 60108	REPAIRS/REMODEL	103,014
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

**Part VIII Statement of Revenue****Contributions, gifts, grants  
and other similar amounts**

		(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>1a</b> Federated campaigns . . . . .	<b>1a</b>				
<b>b</b> Membership dues . . . . .	<b>1b</b>				
<b>c</b> Fundraising events . . . . .	<b>1c</b>	96,396			
<b>d</b> Related organizations . . . . .	<b>1d</b>				
<b>e</b> Government grants (contributions)	<b>1e</b>	241,317			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,105,923			
<b>g</b> Noncash contributions included in lines 1a-1f \$		64,037			
<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		1,443,636			

**Program Service Revenue**

<b>2a</b> GOVERNMENT FEES	Business Code				
<b>b</b> 3RD PARTY INSURANCE CLAIMS	900099	31,161,756	31,161,756		
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> All other program service revenue					
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		32,004,022			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		1,859,727		1,859,727	
<b>5</b> Royalties . . . . .					
	(I) Real	(II) Personal			
<b>6a</b> Gross Rents	548,477				
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)	548,477				
<b>d</b> Net rental income or (loss) . . . . .			548,477	167,649	380,828
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
	13,286,667	44,010			
<b>b</b> Less cost or other basis and sales expenses	13,596,697	560			
<b>c</b> Gain or (loss)	-310,030	43,450			
<b>d</b> Net gain or (loss) . . . . .			-266,580		-266,580
<b>8a</b> Gross income from fundraising events (not including \$ <u>96,396</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>a</b>	231,763				
<b>b</b> Less direct expenses . . . . .	187,542				
<b>c</b> Net income or (loss) from fundraising events . . . . .		44,221		44,221	
<b>9a</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>10a</b> Gross sales of inventory, less returns and allowances . . . . .					
<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .					
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> OTHER INCOME		297,837	297,837		
<b>b</b> OTHER INCOME/INS PROCEEDS		214,078		214,078	
<b>c</b> THRIFT SHOP		26,132	26,132		
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		538,047			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		36,171,550	32,495,640	2,232,274	

**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).

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 U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	476,441	476,441		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	374,051		374,051	
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	21,418,974	18,761,598	2,383,405	273,971
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,132,412	958,606	157,993	15,813
9 Other employee benefits . . . . .	2,942,404	2,629,611	284,526	28,267
10 Payroll taxes . . . . .	1,726,101	1,489,450	214,321	22,330
a Fees for services (non-employees) Management . . . . .	311,947		296,246	15,701
b Legal . . . . .	148,303		148,303	
c Accounting . . . . .	136,383		136,383	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	73,298		73,298	
g Other . . . . .	557,430	480,055	30,241	47,134
12 Advertising and promotion . . . . .	68,147	18,140	22,369	27,638
13 Office expenses . . . . .	467,667	314,825	124,892	27,950
14 Information technology . . . . .	50,400		50,400	
15 Royalties . . . . .				
16 Occupancy . . . . .	2,870,568	1,836,806	1,026,802	6,960
17 Travel . . . . .	435,950	331,888	103,677	385
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	84,953	35,120	49,698	135
20 Interest . . . . .				
21 Payments to affiliates . . . . .	268,595	268,595		
22 Depreciation, depletion, and amortization . . . . .	1,642,565	1,194,830	447,544	191
23 Insurance . . . . .	712,661	658,227	49,481	4,953
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a MEDICINE & DRUGS	1,631,314	1,631,314		
b HFS HOSPITAL ASSESSMENT	1,209,170	1,209,170		
c DIETARY SUPPLIES	715,658	696,415	14,042	5,201
d POST RETIREMENT BENEFITS	627,304		627,304	
e MISC EXPENSES	619,130	211,793	387,394	19,943
f All other expenses	-435,706	4,668,216	-5,146,219	42,297
25 Total functional expenses. Add lines 1 through 24f	40,266,120	37,871,100	1,856,151	538,869
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	123,935	<b>1</b> 90,878
	2 Savings and temporary cash investments . . . . .	2,051,551	<b>2</b> 2,145,536
	3 Pledges and grants receivable, net . . . . .	4,329	<b>3</b> 41,694
	4 Accounts receivable, net . . . . .	7,334,493	<b>4</b> 5,671,568
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>
	6 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) Schedule L . . . . .		<b>6</b>
	7 Notes and loans receivable, net . . . . .		<b>7</b>
	8 Inventories for sale or use . . . . .		<b>8</b> 165,210
	9 Prepaid expenses and deferred charges . . . . .		<b>9</b> 172,629
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 48,021,573	
	b Less accumulated depreciation . . . . .	10b 36,702,224	<b>10c</b> 11,319,349
	11 Investments—publicly traded securities . . . . .	30,276,121	<b>11</b> 37,440,989
	12 Investments—other securities See Part IV, line 11 . . . . .	18,941,342	<b>12</b> 21,736,086
	13 Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>
	14 Intangible assets . . . . .		<b>14</b>
	15 Other assets See Part IV, line 11 . . . . .	8,116,741	<b>15</b> 4,453,612
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	78,672,712	<b>16</b> 83,237,551
Liabilities	17 Accounts payable and accrued expenses . . . . .	8,962,631	<b>17</b> 8,217,352
	18 Grants payable . . . . .		<b>18</b>
	19 Deferred revenue . . . . .	373,778	<b>19</b> 51,676
	20 Tax-exempt bond liabilities . . . . .		<b>20</b>
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>
	22 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>
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
	25 Other liabilities Complete Part X of Schedule D . . . . .	344,844	<b>25</b> 201,142
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,681,253	<b>26</b> 8,470,170
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	68,405,514	<b>27</b> 74,253,675
	28 Temporarily restricted net assets . . . . .	585,945	<b>28</b> 513,706
	29 Permanently restricted net assets . . . . .		<b>29</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	33 Total net assets or fund balances . . . . .	68,991,459	<b>33</b> 74,767,381
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	78,672,712	<b>34</b> 83,237,551

**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	36,171,550
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,266,120
3	Revenue less expenses Subtract line 2 from line 1	3	-4,094,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,991,459
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,870,492
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	74,767,381

**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? <input type="checkbox"/>	2a	No
2b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c	If "Yes," to 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 <input type="checkbox"/>	2c	Yes
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 separated 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? <input type="checkbox"/>	3a	Yes
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 <input type="checkbox"/>	3b	Yes

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****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  
MARYVILLE ACADEMY

Employer identification number

36-2170873

**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

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 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			
<b>Total</b>							

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> 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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	26,300,795	27,732,559	1,863,956	1,518,449	1,443,636	58,859,395
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	2,002,365	2,110,367	34,195,621	34,480,971	33,134,776	105,924,100
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	28,303,160	29,842,926	36,059,577	35,999,420	34,578,412	164,783,495
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public Support</b> (Subtract line 7c from line 6 )						164,783,495

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	28,303,160	29,842,926	36,059,577	35,999,420	34,578,412	164,783,495
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,331,859	3,041,077	1,784,165	1,487,857	2,240,555	11,885,513
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,331,859	3,041,077	1,784,165	1,487,857	2,240,555	11,885,513
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )	31,635,019	32,884,003	37,843,742	37,487,277	36,818,967	176,669,008

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**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	93 270 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	92 620 %

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

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	7 000 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	7 000 %
19a <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►		

**Part IV**

**Supplemental Information.** 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).

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-2170873  
**Name:** MARYVILLE ACADEMY

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code	(Expenses \$	6,104,520	including grants of \$	182,601	) (Revenue \$	2,643,183 )
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SHELTER CARE PROGRAM THE MADDEN SHELTER PROGRAM CARES FOR PARENTING, PREGNANT AND OLDER ADOLESCENT YOUNG GIRLS AGES 14-20 WHO ARE AWAITING PERMANENT PLACEMENTS SPECIALIZED PROGRAMS THE MARYVILLE CRISIS NURSERY IS FOR FAMILIES WITH CHILDREN 0-6 YEARS OF AGE WHO ARE EXPERIENCING SOME TYPE OF CRISIS AND NEED EMERGENCY CHILD CARE FOR UP TO 72 HOURS OUR SECOND SPECIALIZED PROGRAM, MARYVILLE CHILDREN'S HEALTHCARE CENTER PROVIDES CARE FOR MEDICALLY-FRAGILE CHILDREN WHO HAVE COMPLETED THE ACUTE PHASE OF THEIR CARE BUT NEED A HOSPITAL-TO-HOME TRANSITIONAL PROGRAM WHILE FAMILY MEMBERS LEARN TO CARE FOR THEM THE PROGRAM ALSO OFFERS RESPITE CARE TO MEDICALLY FRAGILE CHILDREN UP TO 14 DAYS MARYVILLE ACADEMY'S COMMUNITY OUTREACH PROGRAMS INCLUDE A GOLF PROGRAM WHICH TEACHES LIFE LESSONS BY PROVIDING BASIC GOLF-SKILLS AND GOLF-RELATED VOCATIONAL TRAINING TO CHILDREN AND ADOLESCENTS THROUGH AGE TWENTY MARYVILLE ALSO RUNS A CATHOLIC YOUTH ORGANIZATION (CYO), WHICH OFFERS ATHLETIC PROGRAMS FOR JUNIOR HIGH AND HIGH SCHOOL AGED YOUTHS LIVING IN ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THE CITY OF CHICAGO (EXPENSES 6,104,520, INCLUDING GRANTS OF 182,601) (REVENUES 2,643,183)

2010

Open to Public  
Inspection**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.

**Name of the organization**  
MARYVILLE ACADEMY**Employer identification number**

36-2170873

**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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 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.

1a If the organization elected, as permitted under SFAS 116, 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

b If the organization elected, as permitted under SFAS 116, 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 ► \$ \_\_\_\_\_

2 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 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

	<b>Amount</b>
<b>1c</b>	4,766,831
<b>1d</b>	198,800
<b>1e</b>	233,180
<b>1f</b>	4,732,451

**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.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .	585,945	625,004	390,014		
<b>b</b> Contributions . . . . .	315,212	341,034	858,835		
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	387,451	380,093	623,845		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	513,706	585,945	625,004		

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

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ►

**c** Term endowment ► 100 000 %

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

<b>(i)</b> unrelated organizations . . . . .	<b>Yes</b>	<b>No</b>
<b>(ii)</b> related organizations . . . . .	<b>Yes</b>	<b>No</b>

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

<b>3a(ii)</b>	<b>Yes</b>	<b>No</b>
<b>3b</b>	<b>Yes</b>	<b>No</b>

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.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		1,536,976			1,536,976
<b>b</b> Buildings . . . . .		38,503,683	30,136,768		8,366,915
<b>c</b> Leasehold improvements . . . . .		63,098		63,098	
<b>d</b> Equipment . . . . .		7,779,851	6,411,611		1,368,240
<b>e</b> Other . . . . .		137,965	90,747		47,218
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					11,319,349

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

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation</b>
(1) Financial derivatives		Cost or end-of-year market value
(2) Closely-held equity interests		
(3) Other		
(A) US GOV AGENCIES, BONDS & CORP SEC	21,736,086	F
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B), line 12.) ►	21,736,086	

**Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )** **21,736,086**

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

**Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )**

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

**Total.** (Column (b) should equal Form 990, Part X, col. (B) line 15.)

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

2. 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 FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,171,550
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,266,120
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,094,570
4	Net unrealized gains (losses) on investments	4	9,870,492
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	9,870,492
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,775,922

**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	46,229,584
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	9,870,492
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	187,542
e	Add lines 2a through 2d . . . . .	2e	10,058,034
3	Subtract line 2e from line 1 . . . . .	3	36,171,550
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	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	36,171,550

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

1	Total expenses and losses per audited financial statements . . . . .	1	40,453,662
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	187,542
e	Add lines 2a through 2d . . . . .	2e	187,542
3	Subtract line 2e from line 1 . . . . .	3	40,266,120
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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	40,266,120

**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, 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.

Identifier	Return Reference	Explanation
EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS	SCHEDULE D, PAGE 2, PART IV, LINE 1B	MARYVILLE PROVIDES CERTAIN MEDICAL & DENTAL BENEFITS FOR RETIRED EMPLOYEES. THE EMPLOYEES DO NOT CONTRIBUTE TO THE COST OF THIS BENEFIT. THE OBLIGATION IS FUNDED ON AN ANNUAL BASIS, AND THE ASSETS FOR THIS PLAN ARE SEGREGATED AND HELD IN A SEPARATE LEGAL TRUST. THE TRUST WAS AUDITED BY DELOITTE & TOUCHE LLP AS OF JUNE 30, 2011.
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUNDS ARE TEMPORARILY RESTRICTED AS EXPENSES PAID IN THE FISCAL YEAR DID NOT FULLY OFFSET AMOUNTS DONATED FOR PARTICULAR PROGRAMS. THE REMAINING FUNDS WILL BE USED IN THE NEXT FISCAL YEAR.
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	MARYVILLE EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF ASC TOPIC 740. IT PREVIOUSLY FOLLOWED ASC TOPIC 405, LIABILITIES. MARYVILLE'S ADOPTION OF THE UPDATED ASC TOPIC 740 GUIDANCE HAD NO IMPACT ON MARYVILLE'S FINANCIAL STATEMENTS.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENTS 187,542 SPECIAL EVENTS -187,542
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS 187,542
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENTS 187,542

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

## Open to Public Inspection

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

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

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

For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2500 or [research@uiowa.edu](mailto:research@uiowa.edu).

**Employer identification number**

36-2170873

Name of the organization  
**MARYVILLE ACADEMY**

Name of the organization MARYVILLE ACADEMY	<b>Employer identification number</b> 36-2170873
---	---

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and e-mail solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

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

**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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		ILPGA (event type)	GUARDIAN MEDALL (event type)	6 (total number)	
Revenue	1 Gross receipts . . .	145,775	140,170	42,214	328,159
	2 Less Charitable contributions . . .	37,600	26,900	31,896	96,396
	3 Gross income (line 1 minus line 2) . . .	108,175	113,270	10,318	231,763
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .	5,231		1,819	7,050
	6 Rent/facility costs . . .	45,452	59,354	21,183	125,989
	7 Food and beverages . . .				
	8 Entertainment . . .		6,005		6,005
	9 Other direct expenses . . .	1,257	36,000	11,241	48,498
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				187,542
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				44,221

**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 . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

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? . . . . .  Yes  No  
b If "No," Explain \_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	13b
b An outside facility		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

 Director/officer Employee Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

SCHEDULE H  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990. ► See separate instructions.Name of the organization  
MARYVILLE ACADEMY

Employer identification number

36-2170873

## Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .  
**b** If "Yes," is it a written policy? . . . . .

2 If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospitals  Applied uniformly to most hospitals  
 Generally tailored to individual hospitals

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care

100%  150%  200%  Other 1.70000 %

b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other 2.10000 %

c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .  
**b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  
**c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .

6a Does the organization prepare a community benefit report during the tax year? . . . . .  
**b** If "Yes," did the organization make it available to the public? . . . . .

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
1a	Yes	
1b	Yes	
3a	Yes	
3b	Yes	
4	Yes	
5a	Yes	
5b		No
5c		
6a		No
6b		

## 7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)			12,305,646	11,544,251	761,395	0 060 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			12,305,646	11,544,251	761,395	0 060 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total. Add lines 7d and 7j			12,305,646	11,544,251	761,395	0 060 %

**Part II Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense (at cost) . . . . .	<b>2</b>	5,200	
<b>3</b> Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	
<b>7</b> Subtract line 6 from line 5 This is the surplus or (shortfall) . . . . .	<b>7</b>	
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

Cost accounting system

Cost to charge ratio

Other

**Section C. Collection Practices**

<b>9a</b> Does the organization have a written debt collection policy? . . . . .	<b>9a</b>	Yes
<b>b</b> If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					

## Part V Facility Information

## **Section A. Hospital Facilities**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

**Part V Facility Information (continued)****Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (Describe)
1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
RELATED ORGANIZATION INFORMATION	PART I LINE 6A	MARYVILLE ACADEMY PREPARES AN ANNUAL SURVEY WHICH IDENTIFIES COMMUNITY BENEFITS AND FILES IT WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH AND PREPARES A DOCUMENT REGARDING COMMUNITY BENEFITS WHICH IS FILED WITH THE AMERICAN HOSPITAL ASSOCIATION

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY EXPLANATION	PART I LINE 7	MARYVILLE SCOTT NOLAN CENTER USES THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGE OF THE SCHEDULE H INSTRUCTIONS TOTAL EXPENSES WERE TAKEN FROM THE FISCAL 2011 AUDITED FINANCIAL STATEMENTS REDUCED BY BAD DEBTS AND PROVIDER ASSESSMENT

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE EXPLANATION	PART III LINE 4	BAD DEBT EXPENSE IS RECORDED AT THE AMOUNT THAT THE PAYOR IS EXPECTED TO PAY MARYVILLE SCOTT NOLAN CENTERS PORTION OF BAD DEBT EXPENSE AT COST WAS 5200 THE METHODOLOGY USED TO DETERMINE BAD DEBT EXPENSE AT COST WAS BASED ON A COST PER PATIENT OR UNIT BASIS THE TOTAL COSTS RELATED TO PATIENTSUNITS BILLED DIVIDED BY TOTAL BILLINGS MULTIPLIED BY ACTUAL BILLINGS WRITTEN OFF WERE USED TO CALCULATE MARYVILLE SCOTT NOLAN CENTERS BAD DEBT EXPENSE AT COST

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES EXPLANATION	PART III LINE 9B	COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS PATIENTS ARE SENT UP TO THREE LETTERS AND IF NO RESPONSE IS RECEIVED ADDITIONAL ATTEMPTS ARE MADE BY TELEPHONE OUR STATEMENTS INCLUDE A NOTE THAT FINANCIAL ASSISTANCE IS AVAILABLE AND THIS INFORMATION IS ALSO COMMUNICATED TO THE PATIENT WHEN COLLECTION CALLS ARE MADE BY THE HOSPITAL BILLER IF THE HOSPITAL IS UNSUCCESSFUL IN COLLECTING PAYMENT THE ACCOUNT IS WRITTEN OFF AGAINST THE BAD DEBT ALLOWANCE THE HOSPITAL DOES NOT USE A COLLECTION AGENCY OR PURSUE LEGAL ACTION AGAINST THE PATIENT ALSO THE HOSPITAL DOES NOT PURSUE COLLECTION EFFORTS FOR PATIENTS THAT ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITALS CHARITY CARE POLICY

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI	THE COMMUNITY RELATIONS COORDINATOR FOR THE HOSPITAL MEETS ON A FREQUENT BASIS WITH ALL SASS AGENCIES WITHIN THE REFERRAL AREA TO IDENTIFY THE NEEDS OF THE PATIENTS IN THE VARIOUS COMMUNITIES AND REPORTS THE INFORMATION TO HOSPITAL MANAGEMENT THE COORDINATOR ATTENDS LANS MEETINGS IN DIFFERENT REGIONS DURING WHICH REPRESENTATIVES FROM COMMUNITY AGENCIES AND OTHER RELEVANT SOCIAL SERVICE AGENCIES WORK TOGETHER TO ASSURE THAT NECESSARY SERVICES ARE AVAILABLE FOR PATIENTS IN NEED THE HOSPITAL ALSO MAINTAINS CONTACT WITH SCHOOLS HOSPITAL EMERGENCY ROOMS AND OTHER PROFESSIONALS IN THE FIELD IN AN EFFORT TO PROVIDE THE CARE THAT IS NEEDED

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI	THE AVAILABILITY OF CHARITY CARE IS POSTED IN OUR INTAKE OFFICE ON OUR WEBSITE AND IS ALSO NOTED ON THE PATIENT STATEMENT THE HOSPITAL INTAKE AND BILLING STAFF ALSO ADVISES PATIENTS ON THEIR ELIGIBILITY FOR STATE MEDICAID AND ALLKIDS PROGRAMS THE HOSPITAL STAFF WILL ASSIST ELIGIBLE PATIENTS IN APPLYING FOR MEDICAID BENEFITS

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI	THE HOSPITAL SERVES THE GREATER CHICAGO METROPOLITAN AREA INCLUDING BUT NOT LIMITED TO WILL COUNTY MCHENRY COUNTY DUPAGE COUNTY COOK COUNTY AND LAKE COUNTY APPROXIMATELY 92 OF THE PATIENTS SERVED HAVE MEDICAID

Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	<p>AS STATED ABOVE 92 OF THE HOSPITALS PATIENTS USE MEDICAID AS THEIR PAYOR OUR MEDICAID RATES ARE ESTABLISHED ANNUALLY BY THE ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES HFS AND THE RELATIVELY SMALL SURPLUS GENERATED BY THE HOSPITAL IS USED TO FUND OTHER SOCIAL SERVICES PROGRAMS OPERATED BY MARYVILLE ACADEMY SOME OF THESE OTHER PROGRAMS ARE RESIDENTIAL PROGRAMS FOR CHILDREN WITH INTELLECTUAL DISABILITIES MENTAL ILLNESS MENTAL ILLNESS SUBSTANCE ABUSE SOCIAL AND BEHAVIORAL DISORDERS AND PREGNANT PARENTING TEENS WITH MENTAL ILLNESS ALL OF THESE PROGRAMS OPERATE AT A DEFICIT OTHER PROGRAMS INCLUDE A CRISIS NURSERY FREE TO THE PUBLIC FOR FAMILIES NEEDING TEMPORARY SHELTER FOR CHILDREN UNDER SEVEN YEARS OF AGE DURING EMERGENCIES A HOSPITAL TO HOME TRANSITIONAL PROGRAM FOR MEDICALLY FRAGILE CHILDREN ALL OF WHOM USE MEDICAID AS THEIR PAYOR AND A SHELTER FOR TEENAGE GIRLS MANY OF WHOM ARE PREGNANT OR PARENTING TEENS ANOTHER COMMUNITY PROGRAM INCLUDES THE CATHOLIC YOUTH ORGANIZATION CYO THIS PROGRAM SUBSIDIZED BY MARYVILLE ACADEMY ALLOWS TEENS NOT ON THEIR SCHOOLS SPORTS TEAMS TO PARTICIPATE IN ORGANIZED GAMES THE PROGRAM OPERATES IN SEVERAL ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THE CHICAGO AREA</p>

**Schedule I  
(Form 990)**

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

► Attach to Form 990

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**MARYVILLE ACADEMY**

**Employer identification number**

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II | Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

**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. Use Schedule I-1 (Form 990) 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
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	SCHEDULE I PART I, LINE 2 HIGH SCHOOL AND COLLEGE STUDENTS ARE REQUIRED TO SUBMIT OFFICIAL STATEMENTS FROM THEIR RESPECTIVE SCHOOL FOR PAYMENT STUDENTS ARE ALSO REQUIRED TO PRODUCE GRADES FOR EACH SCHOOL YEAR AS PROOF THAT THEY ARE IN ATTENDANCE HIGH SCHOOL STUDENTS MUST HAVE A 2.0 G.P.A. AT THE END OF EACH YEAR, COLLEGE STUDENTS AT THE END OF EACH SEMESTER

**Software ID:**  
**Software Version:**  
**EIN:** 36-2170873  
**Name:** MARYVILLE ACADEMY

**Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States**

(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
SCHOLARSHIPS - HS	26	100,000			
SCHOLARSHIPS - COLLEGE	8	46,228			
YOUTH ALLOWANCE	298	71,540			
OTHER ASST TO YOUTH	154		73,207	FMV	BEAUTY/HYGIENE
NONCASH	298		94,187	FMV	CLOTHING
NONCASH	298		45,910	FMV	GIFTS
ENTERTAINMENT	298		41,272	FMV	TICKETS FOR SPO
YOUTH DUES AND FEES	253	4,097			

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**  
MARYVILLE ACADEMY**Employer identification number**

36-2170873

**Part I Questions Regarding Compensation**

Yes

No

**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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 from the organization or a related organization?

**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 501(c)(3) and 501(c)(4) organizations only 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)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY MORGAN	(i) (ii)	143,572		10,594	196	154,362	
(2) SHIRAZ MAHMUD BUTT MD	(i) (ii)	275,000		20,292	867	296,159	
(3) LAUREN SHIN HAYDUNG MD	(i) (ii)	219,092		16,234	3,386	238,712	
(4) MARK FRIEDMAN MD	(i) (ii)	167,100		13,696	14,286	195,082	
(5) LERWUT WONGSARNPIGOON MD	(i) (ii)	139,616		11,139	11,338	162,093	
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**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

Identifier	Return Reference	Explanation
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	DR LERWUT WONGSARNPIGOON RECEIVED COMPENSATION OF 59,302 FROM MENTAL HEALTH AND DEAFNESS, INC (MHDI) FOR SERVICES PROVIDED TO MHDI CLIENTS WHILE THEY WERE IN THE PSYCHIATRIC UNIT AT MARYVILLE SCOTT NOLAN CENTER

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.Name of the organization  
MARYVILLE ACADEMY

Employer identification number

36-2170873

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		14,141	COST/SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	6	20,500	COST/SELLING PRICE
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	13	1,315	COST/SELLING PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
GOLF				
25 Other ► ( EQUIPMENT ) . . . . .	X	11	2,733	COST/SELLING PRICE
26 Other ► ( TOYS ) . . . . .	X	34	6,163	COST/SELLING PRICE
27 Other ► ( TICKETS/CARDS ) . . . . .	X	65	14,657	COST/SELLING PRICE
28 Other ► ( MISC ) . . . . .	X	19	4,528	COST/SELLING PRICE
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		

	Yes	No
30a 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? . . . . .	30a	No
b If "Yes," describe the arrangement in Part II	31	Yes
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	32a	No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash  
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

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**  
MARYVILLE ACADEMY**Employer identification number**

36-2170873

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATION'S MISSION	MARYVILLE ACADEMY IS ONE OF ILLINOIS' OLDEST CHILDCARE AGENCIES, BRINGING HOPE AND HEALING TO CHILDREN AND FAMILIES AT THEIR TIME OF GREATEST NEED FOR OVER 127 YEARS. TODAY OUR FULL RANGE OF RESIDENTIAL, HEALTHCARE, FAMILY SUPPORT, EDUCATIONAL, AND COMMUNITY DEVELOPMENT PROGRAMS HELP CHILDREN AND FAMILIES FIND HEALING, INNER STRENGTH AND HOPE FOR THE FUTURE. AT MARYVILLE ACADEMY, WE ARE DEDICATED TO PROVIDING CHILDREN AND FAMILIES THE TOOLS THEY NEED TO REACH THEIR FULLEST POTENTIAL. BECAUSE WE BELIEVE IN CHILDREN, OUR PROGRAMS FOCUS ON HEALTHY HOMES AND THE TOOLS THEY NEED TO TRANSITION INTO ADULTHOOD.

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>SHELTER CARE PROGRAM THE MADDEN SHELTER PROGRAM CARES FOR PARENTING, PREGNANT AND OLDER ADOLESCENT YOUNG GIRLS AGES 14-20 WHO ARE AWAITING PERMANENT PLACEMENTS</p> <p>SPECIALIZED PROGRAMS THE MARYVILLE CRISIS NURSERY IS FOR FAMILIES WITH CHILDREN 0-6 YEARS OF AGE WHO ARE EXPERIENCING SOME TYPE OF CRISIS AND NEED EMERGENCY CHILD CARE FOR UP TO 72 HOURS OUR SECOND SPECIALIZED PROGRAM, MARYVILLE CHILDREN'S HEALTHCARE CENTER PROVIDES CARE FOR MEDICALLY-FRAGILE CHILDREN WHO HAVE COMPLETED THE ACUTE PHASE OF THEIR CARE BUT NEED A HOSPITAL-TO-HOME TRANSITIONAL PROGRAM WHILE FAMILY MEMBERS LEARN TO CARE FOR THEM THE PROGRAM ALSO OFFERS RESPITE CARE TO MEDICALLY FRAGILE CHILDREN UP TO 14 DAYS MARYVILLE ACADEMY'S COMMUNITY OUTREACH PROGRAMS INCLUDE A GOLF PROGRAM WHICH TEACHES LIFE LESSONS BY PROVIDING BASIC GOLF-SKILLS AND GOLF-RELATED VOCATIONAL TRAINING TO CHILDREN AND ADOLESCENTS THROUGH AGE TWENTY MARYVILLE ALSO RUNS A CATHOLIC YOUTH ORGANIZATION (CYO), WHICH OFFERS ATHLETIC PROGRAMS FOR JUNIOR HIGH AND HIGH SCHOOL AGED YOUTHS LIVING IN ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THE CITY OF CHICAGO (EXPENSES 6,104,520, INCLUDING GRANTS OF 182,601) (REVENUES 2,643,183)</p>

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	GEORGE ROURKE DIRECTOR FATHER-IN-LAW MICHAEL GOLDEN DIRECTOR SON-IN-LAW

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	CERTAIN BY-LAWS AND APPOINTMENT OF BOARD MEMBERS AND THE EXECUTIVE DIRECTOR MUST BE APPROVED BY THE CATHOLIC BISHOP OF CHICAGO

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE FOR INTERNAL REVIEW BEFORE THE FORM 990 IS PRESENTED TO THE ENTIRE BOARD FOR APPROVAL PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY EACH MEMBER OF THE BOARD SIGNS A CONFLICT OF INTEREST STATEMENT AND THESE DOCUMENTS ARE HELD AT THE OFFICE OF OUR CORPORATE ATTORNEY ALSO, IF THE ORGANIZATION INTENDS TO ENTER INTO ANY BUSINESS RELATIONSHIP WITH A A BOARD MEMBER, THE PROPOSED BUSINESS RELATIONSHIP IS PRESENTED TO THE BOARD OF DIRECTORS AND THE POTENTIAL CONFLICT OF INTEREST IS FULLY DISCLOSED IF THERE IS AN EMPLOYEE CONFLICT OF INTEREST, IT IS BROUGHT TO THE ATTENTION OF THE ASSOCIATE EXECUTIVE DIRECTOR AND/OR HUMAN RESOURCES DIRECTOR AS REQUIRED IN MARYVILLE ACADEMY PERSONNEL POLICY AND PROCEDURE MANUAL

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	DURING THE FISCAL YEAR 2010, A SALARY SURVEY FOR A NUMBER OF EXECUTIVE POSITIONS THAT ACCOUNTED FOR COMPARABILITY DATA WAS UNDERTAKEN BY AN INDEPENDENT CONSULTANT ENGAGED BY MARYVILLE ACADEMY. THE RESULTS OF THE SURVEY WERE FORWARDED TO THE HUMAN RESOURCES COMMITTEE, FOR REVIEW IN DETERMINING THE COMPENSATION FOR EACH POSITION. THE SALARY RECOMMENDATIONS OF THE COMMITTEE WERE UTILIZED IN CONNECTION WITH THE ESTABLISHMENT OF THE ANNUAL BUDGET OF MARYVILLE ACADEMY FOR THE NEXT FISCAL YEAR. THE ANNUAL BUDGET, INCLUSIVE OF THE SALARY RESULTS, WAS PRESENTED TO THE MARYVILLE BOARD OF DIRECTORS FOR REVIEW AND RATIFICATION, SUBJECT TO ANY REVISIONS IT DEEMS APPROPRIATE. MARYVILLE ACADEMY EXPECTS TO FOLLOW A SIMILAR PROCESS IN SUBSEQUENT FISCAL YEARS.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	DURING THE FISCAL YEAR 2010, A SALARY SURVEY FOR A NUMBER OF EXECUTIVE POSITIONS THAT ACCOUNTED FOR COMPARABILITY DATA WAS UNDERTAKEN BY AN INDEPENDENT CONSULTANT ENGAGED BY MARYVILLE ACADEMY. THE RESULTS OF THE SURVEY WERE FORWARDED TO THE HUMAN RESOURCES COMMITTEE, FOR REVIEW IN DETERMINING THE COMPENSATION FOR EACH POSITION. THE SALARY RECOMMENDATIONS OF THE COMMITTEE WERE UTILIZED IN CONNECTION WITH THE ESTABLISHMENT OF THE ANNUAL BUDGET OF MARYVILLE ACADEMY FOR THE NEXT FISCAL YEAR. THE ANNUAL BUDGET, INCLUSIVE OF THE SALARY RESULTS, WAS PRESENTED TO THE MARYVILLE BOARD OF DIRECTORS FOR REVIEW AND RATIFICATION, SUBJECT TO ANY REVISIONS IT DEEMS APPROPRIATE. MARYVILLE ACADEMY EXPECTS TO FOLLOW A SIMILAR PROCESS IN SUBSEQUENT FISCAL YEARS.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE PUBLIC CAN REQUEST THE DOCUMENTS AND MARYVILLE WILL MAKE COPIES AND MAIL THEM TO THE REQUESTOR

Identifier	Return Reference	Explanation
GROUP RETURN EXPLANATION	FORM 990, PAGE 7, PART VII	NO SALARY IS REPORTED FOR SR CATHERINE RYAN, MARYVILLE ACADEMY EXECUTIVE DIRECTOR, AS HER SALARY OF 72,864 IS PAID TO THE ORDER OF SCHOOL SISTERS OF ST FRANCIS AND NOT TO SR CATHERINE RYAN, PURSUANT TO A VOW OF POVERTY TAKEN BY SR CATHERINE RYAN MONSIGNOR MICHAEL BOLAND, WHO IS A MARYVILLE ACADEMY DIRECTOR, WORKS 35 HOURS PER WEEK AS THE EXECUTIVE DIRECTOR OF CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO BISHOP GEORGE RASSAS, WHO IS A MARYVILLE ACADEMY DIRECTOR, WORKS 45 HOURS PER WEEK AS AN AUXILIARY BISHOP FOR THE CATHOLIC ARCHDIOCESE OF CHICAGO

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

► 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.

Name of the organization  
MARYVILLE ACADEMY

Employer identification number

36-2170873

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on 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

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ARCHDIOCESE OF CHICAGO 835 N RUSH ST CHICAGO, IL 60611					N/A		No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on 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**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 (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)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n		No
1o	Yes	
1p		No
1q		No
1r		No

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

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
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# Maryville Academy

Financial Statements as of and for the  
Years Ended June 30, 2011 and 2010,  
Additional Information for the Year Ended  
June 30, 2011, and Independent Auditors' Report

## **MARYVILLE ACADEMY**

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## INDEPENDENT AUDITORS' REPORT

His Eminence Francis Cardinal George, O.M.I.  
Archbishop of Chicago

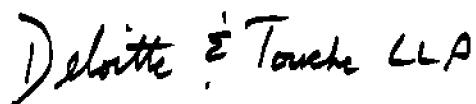
Board of Directors of  
Maryville Academy

We have audited the accompanying financial statements of Maryville Academy ("Maryville") as of June 30, 2011 and 2010, and for the years then ended, as listed in the table of contents. These financial statements are the responsibility of Maryville's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Maryville's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements present fairly, in all material respects, the financial position of Maryville Academy as of June 30, 2011 and 2010, and the results of its activities and change in net assets, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The additional information for the year ended June 30, 2011, is presented for the purpose of additional analysis and is not a required part of the basic financial statements. This additional information is the responsibility of Maryville's management. Such information has been subjected to the auditing procedures applied in our audit of the basic financial statements and, in our opinion, is fairly stated in all material respects when considered in relation to the basic financial statements taken as a whole.



December 14, 2011

# MARYVILLE ACADEMY

## STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2011 AND 2010

	2011	2010
<b>ASSETS</b>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 2,018,278	\$ 1,852,235
Funds held for others	218,136	323,251
Accounts receivable — less allowance for doubtful accounts of \$201,420 and \$366,225 in 2011 and 2010, respectively	4,650,909	5,392,948
Accounts receivable — nonprogram	786,643	683,942
Contributions receivable	3,601	4,329
Accrued interest receivable	222,726	199,344
Other assets	<u>387,222</u>	<u>1,058,259</u>
Total current assets	8,287,515	9,514,308
INVESTMENTS	59,177,075	49,217,463
LONG-TERM RECEIVABLE	797,922	1,222,089
CASH SURRENDER VALUE OF INSURANCE POLICIES	3,138,439	5,850,163
LAND, BUILDINGS, AND EQUIPMENT — Net	11,319,350	11,824,199
SPLIT-INTEREST AND REMAINDER TRUST AGREEMENTS	446,851	437,418
PREPAID POSTRETIREMENT BENEFITS	<u>70,400</u>	<u>607,072</u>
TOTAL	<u>\$ 83,237,552</u>	<u>\$ 78,672,712</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES		
Accounts payable	\$ 1,133,812	\$ 1,224,816
Accrued compensation and payroll taxes	1,682,383	2,646,770
Other accrued expenses	2,977,066	4,105,166
Due to governmental agencies	1,407,953	
Other liabilities	<u>252,818</u>	<u>718,622</u>
Total current liabilities	7,454,032	8,695,374
ASSET RETIREMENT OBLIGATIONS	683,361	653,101
OTHER LONG-TERM LIABILITIES	<u>332,778</u>	<u>332,778</u>
Total liabilities	<u>8,470,171</u>	<u>9,681,253</u>
NET ASSETS		
Unrestricted	74,253,675	68,405,514
Temporarily restricted	<u>513,706</u>	<u>585,945</u>
Total net assets	<u>74,767,381</u>	<u>68,991,459</u>
TOTAL	<u>\$ 83,237,552</u>	<u>\$ 78,672,712</u>

See notes to financial statements

## MARYVILLE ACADEMY

### STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	2011			2010		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>CHANGE IN NET ASSETS</b>						
Revenues						
Fees and grants from governmental agencies	\$31,161,756	\$ -	\$31,161,756	\$32,665,469	\$ -	\$32,665,469
Other	1,928,799		1,928,799	1,770,870		1,770,870
Total revenues	<u>33,090,555</u>	<u>-</u>	<u>33,090,555</u>	<u>34,436,339</u>	<u>-</u>	<u>34,436,339</u>
Support						
Contributions and bequests	967,991	315,212	1,283,203	776,717	341,034	1,117,751
Special events	328,159		328,159	367,497		367,497
Donated goods and services	64,037		64,037	299,129		299,129
Net assets released from restrictions	387,451	(387,451)	-	380,093	(380,093)	-
Total support	<u>1,747,638</u>	<u>(72,239)</u>	<u>1,675,399</u>	<u>1,823,436</u>	<u>(39,059)</u>	<u>1,784,377</u>
Total revenues and support	<u>34,838,193</u>	<u>(72,239)</u>	<u>34,765,954</u>	<u>36,259,775</u>	<u>(39,059)</u>	<u>36,220,716</u>
Expenses						
Program services						
Residential treatment	15,842,291		15,842,291	17,612,055		17,612,055
Shelter care	1,858,824		1,858,824	1,711,006		1,711,006
Specialized programs	3,126,803		3,126,803	2,716,946		2,716,946
Medical programs	12,332,613		12,332,613	12,094,564		12,094,564
Recreation education outreach	4,710,569		4,710,569	4,861,159		4,861,159
Total program services	<u>37,871,100</u>	<u>-</u>	<u>37,871,100</u>	<u>38,995,730</u>	<u>-</u>	<u>38,995,730</u>
Supporting services						
Management and general	1,228,856		1,228,856	2,355,794		2,355,794
Development	726,411		726,411	742,175		742,175
Total supporting services	<u>1,955,267</u>	<u>-</u>	<u>1,955,267</u>	<u>3,097,969</u>	<u>-</u>	<u>3,097,969</u>
Total expenses	<u>39,826,367</u>	<u>-</u>	<u>39,826,367</u>	<u>42,093,699</u>	<u>-</u>	<u>42,093,699</u>
Subtotal	(4,988,174)	(72,239)	(5,060,413)	(5,833,924)	(39,059)	(5,872,983)
Interest and dividends	1,859,727		1,859,727	1,487,857		1,487,857
Net realized loss on investments — net	(310,031)		(310,031)	(2,105,296)		(2,105,296)
Change in net unrealized gains on investments	9,870,492		9,870,492	8,753,705		8,753,705
Gain on disposal of assets	43,451		43,451	7,252		7,252
Postretirement changes other than net periodic benefit cost	(627,304)		(627,304)	(734,452)		(734,452)
CHANGES IN NET ASSETS	<u>5,848,161</u>	<u>(72,239)</u>	<u>5,775,922</u>	<u>1,575,142</u>	<u>(39,059)</u>	<u>1,536,083</u>
NET ASSETS — Beginning of year	<u>68,405,514</u>	<u>585,945</u>	<u>68,991,459</u>	<u>66,830,372</u>	<u>625,004</u>	<u>67,455,376</u>
NET ASSETS — End of year	<u>\$74,253,675</u>	<u>\$ 513,706</u>	<u>\$74,767,381</u>	<u>\$68,405,514</u>	<u>\$ 585,945</u>	<u>\$68,991,459</u>

See notes to financial statements

# MARYVILLE ACADEMY

## STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2011

	Program Services						Supporting Services			
	Residential Treatment	Shelter Care	Specialized Programs	Medical Programs	Recreation/Education/Outreach	Total	Management and General	Development	Total	Total
<b>PROGRAM EXPENSES</b>										
Program staff salaries	\$ 8 087 128	\$ 826 179	\$ 1 586 163	\$ 4 412 227	\$ 2 033 710	\$ 16 945 407	\$ 21 524	\$ -	\$ 21 524	\$ 16 966 931
Program clerical staff salaries	145 506	38 518	37 832	190 180	72 761	484 797	-	-	-	484 797
Program payroll taxes and fringe benefits	2 219 325	272 641	451 727	1 147 865	584 615	4 676 173	27 439	-	27 439	4 703 612
Program consultants	50 545	115	24 119	203 687	50 854	329 320	-	-	-	329 320
Consumer wages and fringe benefits	6 337	26	-	-	34 776	41 139	-	-	-	41 139
Medicine and drugs	22 452	863	11 073	1 596 230	695	1 631 313	-	-	-	1 631 313
All other direct service equipment and supplies	13 142	2 113	7 707	11 068	36 734	70 764	-	-	-	70 764
Staff transportation	30 068	5 353	2 071	3 118	9 910	50 520	13 461	-	13 461	63 981
Client transportation	201 442	30 307	11 756	20 881	16 984	281 370	90 217	385	90 602	371 972
Direct service staff conferences and conventions	11 891	435	2 761	16 426	3 608	35 121	49 698	135	49 833	84 954
Program insurance	196 916	25 181	64 021	323 973	48 138	658 229	49 481	4 953	54 434	712 663
Direct client-specific assistance	295 543	19 236	1 324	5 155	155 182	476 440	1 625	8 498	10 123	486 563
Telecommunication costs assigned to program	25 613	11 047	11 315	4 600	2 253	54 828	7 775	-	7 775	62 603
Other	8 329	154	25 133	756	288 090	322 462	150	38 636	38 786	361 248
Total program expenses	<u>11 314 237</u>	<u>1 232 168</u>	<u>2 237 002</u>	<u>7 936 166</u>	<u>3 338 310</u>	<u>26 057 883</u>	<u>261 370</u>	<u>52 607</u>	<u>313 977</u>	<u>26 371 860</u>
<b>SUPPORT EXPENSES</b>										
Support salaries	173 588	58 602	13 099	299 507	31 175	575 971	-	-	-	575 971
Support payroll taxes and fringe benefits	62 811	13 922	2 420	107 480	4 703	191 336	-	-	-	191 336
Dietary supplies	423 992	59 252	17 871	131 084	64 216	696 415	14 042	5 201	19 243	715 658
Housekeeping and laundry supplies	66 550	8 996	8 275	34 622	6 932	125 375	7 601	-	7 601	132 976
Other	22 509	1 058	13 694	54 604	342	92 207	6 089	-	6 089	98 296
Total support expenses	<u>749 450</u>	<u>141 830</u>	<u>55 359</u>	<u>627 297</u>	<u>107 368</u>	<u>1 681 304</u>	<u>27 732</u>	<u>5 201</u>	<u>32 933</u>	<u>1 714 237</u>
<b>OCCUPANCY EXPENSES</b>										
Occupancy salaries	101 038	36 644	48 358	66 322	3 184	255 546	242 800	707	243 507	499 053
Occupancy payroll taxes and fringe benefits	30 471	14 329	18 795	24 395	250	88 240	74 809	-	74 809	163 049
Building and equipment operations and maintenance	523 360	84 988	137 525	414 966	276 046	1 436 885	740 993	6 746	747 739	2 184 624
Depreciation	450 882	21 595	68 613	575 851	77 890	1 194 831	447 544	191	447 735	1 642 566
Vehicle rent	340	-	-	923	-	1 263	4 544	-	4 544	5 807
All other leases rent taxes	-	-	-	-	680	680	8 742	-	8 742	9 422
Equipment	15 187	847	4 345	1 559	3 289	25 227	19 729	58	19 787	45 014
Other	72 013	38 123	18 649	20 617	5 772	155 174	283 593	156	283 749	438 923
Total occupancy expenses	<u>1 193 291</u>	<u>196 526</u>	<u>296 285</u>	<u>1 104 633</u>	<u>367 111</u>	<u>3 157 846</u>	<u>1 822 754</u>	<u>7 858</u>	<u>1 830 612</u>	<u>4 988 458</u>
<b>ADMINISTRATIVE EXPENSES</b>										
Administrative salaries	37 542	7 873	41 321	279 873	133 267	499 876	2 493 132	273 264	2 766 396	3 266 272
Administrative payroll taxes and fringe benefits	15 946	7 790	6 606	61 707	29 868	121 917	554 592	66 410	621 002	742 919
Administrative consultants	-	-	94 342	6 110	9 137	109 589	179 614	15 701	195 315	304 904
Telecommunication costs not assigned to program	29 934	9 105	10 944	23 478	2 234	75 695	82 635	464	83 099	158 794
Office supplies and equipment	24 448	2 776	2 507	23 804	6 134	59 669	34 481	27 486	61 967	121 636
Allocation of management and general	2 424 761	260 444	372 714	952 134	658 164	4 668 217	(4 710 513)	42 296	(4 668 217)	-
Other	52 682	312	9 723	1 317 411	58 976	1 439 104	483 059	235 124	718 183	2 157 287
Total administrative expenses	<u>2 585 313</u>	<u>288 300</u>	<u>538 157</u>	<u>2 664 517</u>	<u>897 780</u>	<u>6 974 067</u>	<u>(883 000)</u>	<u>660 745</u>	<u>(222 255)</u>	<u>6 751 812</u>
<b>TOTAL EXPENSES</b>	<b>\$ 15 842 291</b>	<b>\$ 1 858 824</b>	<b>\$ 3 126 803</b>	<b>\$ 12 332 613</b>	<b>\$ 4 710 569</b>	<b>\$ 37 871 100</b>	<b>\$ 1 228 856</b>	<b>\$ 726 411</b>	<b>\$ 1 955 267</b>	<b>\$ 39 826 367</b>

See notes to financial statements

# MARYVILLE ACADEMY

## STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2010

	Program Services						Supporting Services			
	Residential Treatment	Shelter Care	Specialized Programs	Medical Programs	Recreation/ Education/ Outreach	Total	Management and General	Development	Total	Total
<b>PROGRAM EXPENSES</b>										
Program staff salaries	\$ 8 707 990	\$ 785 216	\$ 1 358 183	\$ 4 153 023	\$ 1 860 856	\$ 16 865 268	\$ 93 823	\$ -	\$ 93 823	\$ 16 959 091
Program clerical staff salaries	177 978	38 931	37 811	194 562	69 516	518 798	28 351		28 351	547 149
Program payroll taxes and fringe benefits	2 457 549	253 816	399 605	1 074 032	545 007	4 730 009	24 071		24 071	4 754 080
Program consultants	111 190	91	37 624	280 361	59 858	489 124			-	489 124
Consumer wages and fringe benefits	14 501				31 511	46 012			-	46 012
Medicine and drugs	23 518	461	4 929	1 478 103	799	1 507 810			-	1 507 810
All other direct service equipment and supplies	22 100	1 253	9 375	10 438	55 080	98 246	1 603		1 603	99 849
Staff transportation	51 952	2 617	2 001	4 889	12 093	73 552	3 661		3 661	77 213
Client transportation	171 565	20 663	10 716	23 365	28 417	254 726	105 003		105 003	359 729
Direct service staff conferences and conventions	2 254		50	5 192	4 394	11 890	50 456	195	50 651	62 541
Program insurance	222 073	24 800	76 475	318 579	45 257	687 184	62 523	4 504	67 027	754 211
Direct client-specific assistance	293 947	17 519	506	3 883	293 199	609 054	1 093	330	1 423	610 477
Telecommunication costs assigned to program	89 767	28 310	17 998	10 851	3 520	150 446	7 706		7 706	158 152
Other	7 709	(6)	27 406	6 949	233 554	275 612	396	53 218	53 614	329 226
Total program expenses	<u>12 354 093</u>	<u>1 173 671</u>	<u>1 982 679</u>	<u>7 564 227</u>	<u>3 243 061</u>	<u>26 317 731</u>	<u>378 686</u>	<u>58 247</u>	<u>436 933</u>	<u>26 754 664</u>
<b>SUPPORT EXPENSES</b>										
Support salaries	182 381	59 601	14 731	314 490	30 151	601 354		76	76	601 430
Support payroll taxes and fringe benefits	69 916	16 449	1 250	120 047	2 750	210 412		-	-	210 412
Dietary supplies	449 949	44 961	14 241	154 125	47 265	710 541	16 042	4 842	20 884	731 425
Housekeeping and laundry supplies	99 128	10 582	6 334	39 192	8 431	163 667	20 840	206	21 046	184 713
Other	22 018	1 059	11 620	51 673	163	86 533	4 286		4 286	90 819
Total support expenses	<u>823 392</u>	<u>132 652</u>	<u>48 176</u>	<u>679 527</u>	<u>88 760</u>	<u>1 772 507</u>	<u>41 168</u>	<u>5 124</u>	<u>46 292</u>	<u>1 818 799</u>
<b>OCCUPANCY EXPENSES</b>										
Occupancy salaries	177 084	38 359	47 203	93 301	1 385	357 332	199 619	1 286	200 905	558 237
Occupancy payroll taxes and fringe benefits	45 892	15 280	16 004	42 220	146	119 542	67 566		67 566	187 108
Building and equipment operations and maintenance	615 699	62 376	164 289	450 554	312 709	1 605 627	575 419	12 325	587 744	2 193 371
Depreciation	612 979	36 854	74 316	549 269	83 279	1 356 697	460 532	96	460 628	1 817 325
Vehicle rent	269				731	1 000	6 800		6 800	7 800
All other leases rent taxes	960				1 260	2 220	664		664	2 884
Equipment	14 587	1 241	2 610	7 484	9 003	34 925	11 885	96	11 981	46 906
Other	87 456	10 276	16 721	14 344	5 344	134 141	242 808	3 726	246 534	380 675
Total occupancy expenses	<u>1 554 926</u>	<u>164 386</u>	<u>321 143</u>	<u>1 157 903</u>	<u>413 126</u>	<u>3 611 484</u>	<u>1 565 293</u>	<u>17 529</u>	<u>1 582 822</u>	<u>5 194 306</u>
<b>ADMINISTRATIVE EXPENSES</b>										
Administrative salaries	39 062			161 038	114 270	314 370	2 568 785	229 444	2 798 229	3 112 599
Administrative payroll taxes and fringe benefits	13 736	255	714	66 089	34 864	115 658	508 631	56 938	565 569	681 227
Administrative consultants	17 137		35 825	173 361	5 126	231 449	630 193	49 167	679 360	910 809
Telecommunication costs not assigned to program	15 566	1 559	4 326	5 817	2 294	29 562	61 883		61 883	91 445
Office supplies and equipment	29 829	2 131	1 928	27 648	9 938	71 474	37 702	20 149	57 851	129 325
Allocation of management and general	2 719 124	235 633	313 446	940 341	649 635	4 858 179	(4 891 250)	33 071	(4 858 179)	-
Other	45 190	719	8 709	1 318 613	300 085	1 673 316	1 454 703	272 506	1 727 209	3 400 525
Total administrative expenses	<u>2 879 644</u>	<u>240 297</u>	<u>364 948</u>	<u>2 692 907</u>	<u>1 116 212</u>	<u>7 294 008</u>	<u>370 647</u>	<u>661 275</u>	<u>1 031 922</u>	<u>8 325 930</u>
<b>TOTAL EXPENSES</b>	<b><u>\$17 612 055</u></b>	<b><u>\$1 711 006</u></b>	<b><u>\$2 716 946</u></b>	<b><u>\$12 094 564</u></b>	<b><u>\$4 861 159</u></b>	<b><u>\$38 995 730</u></b>	<b><u>\$2 355 794</u></b>	<b><u>\$742 175</u></b>	<b><u>\$3 097 969</u></b>	<b><u>\$42 093 699</u></b>

See notes to financial statements

## MARYVILLE ACADEMY

### STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	2011	2010
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 5,775,922	\$ 1,536,083
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities		
Depreciation and accretion	1,672,825	1,817,325
Net realized loss on investments — net	310,031	2,105,296
Change in net unrealized gains on investments	(9,870,492)	(8,753,705)
Net gain on disposal of assets	(43,451)	(7,252)
Provision for bad debt	133,646	108,818
Change in cash surrender value of insurance policies	2,711,724	(437,603)
Change in value of split-interest agreements	1,493	394
Change in value of remainder trust agreement	(10,926)	(73,610)
Postretirement changes other than net periodic benefit costs	627,304	734,452
Change in other assets and liabilities		
Funds held for others	105,115	575,177
Accounts receivable	505,693	(1,623,014)
Contributions receivable	728	201,402
Accrued interest receivable	(23,382)	(17,829)
Other assets	671,037	(735,095)
Prepaid postretirement benefits	(90,632)	(129,341)
Long-term receivable	424,167	402,751
Accounts payable	(272,497)	51,969
Accrued compensation and payroll taxes	(964,387)	34,252
Other accrued expenses	(1,128,100)	937,482
Due to governmental agencies	1,407,953	(54,777)
Other liabilities	(465,804)	427,575
Net cash provided by (used in) operating activities	<u>1,477,967</u>	<u>(2,899,250)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sale or maturity of investments	13,292,121	15,203,294
Purchases of investments	(13,691,273)	(11,902,021)
Purchases of land, buildings, and equipment	(956,783)	(1,072,603)
Proceeds from disposition of land, buildings, and equipment	44,011	16,978
Net cash (used in) provided by investing activities	<u>(1,311,924)</u>	<u>2,245,648</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>166,043</b>	<b>(653,602)</b>
CASH AND CASH EQUIVALENTS — Beginning of year	<u>1,852,235</u>	<u>2,505,837</u>
CASH AND CASH EQUIVALENTS — End of year	<u>\$ 2,018,278</u>	<u>\$ 1,852,235</u>
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION — Noncash additions to property and equipment</b>	<b>\$ 184,935</b>	<b>\$ 3,442</b>

See notes to financial statements

# **MARYVILLE ACADEMY**

## **NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2011 AND 2010**

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### **1. PURPOSE AND ORGANIZATION**

Maryville Academy ("Maryville"), an Illinois not-for-profit, tax-exempt corporation, has provided care and nurturing to children in need since 1883. In fulfilling its mission, Maryville provides guidance, structure, and stability for children, young adults, and their families or support networks. Maryville's mission is carried out through programs that include a nonpublic special education program, clinical and psychiatric counseling for children and young adults with emotional and behavioral problems, shelter programs for children and young adults in immediate need of temporary housing, and residential programs for parenting teens, children, and young adults with mental health issues and substance abuse problems or intellectual disabilities.

Maryville's primary sources of revenue and support are payments from the state of Illinois and contributions from the public, corporations, and foundations.

These financial statements only reflect the operations of Maryville and do not reflect the operations of the other agencies and organizations that are part of the Catholic Bishop of Chicago (CBC), a corporation sole.

### **2. SIGNIFICANT ACCOUNTING POLICIES**

**Cash and Cash Equivalents** — Cash and cash equivalents include highly liquid debt instruments purchased with an original maturity of three months or less and are stated at cost, which approximates fair value.

**Investments** — The estimated fair values of investments that do not have readily determinable fair values (that is, investments not listed on national exchanges or over-the-counter markets, or for which quoted market prices are not available from sources such as financial publications or exchanges) are based on estimates developed by external investment managers and are accepted or adjusted through a valuation review process performed by management. A range of possible values exists for these investments, and therefore, the estimated values may differ from the values that would have been recorded had an active market for these investments existed.

Investments in mutual funds and fixed income securities with readily determinable fair values are measured at fair value in the statements of financial position.

Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is reported as an increase or decrease in unrestricted net assets, unless such income or loss is temporarily or permanently restricted by explicit donor stipulations or by law.

Investment sales and purchases are recorded on a trade-date basis. Dividend income is recorded based upon the ex-dividend date, and interest income is recorded as earned on an accrual basis.

**Cash Surrender Value of Insurance Policies** — Maryville maintains whole-life insurance policies on certain current and former members of its Board of Directors. The face amount of these insurance policies totals \$5,871,581 and \$11,524,588 and the total cash surrender value is \$3,138,439 and \$5,850,163 at June 30, 2011 and 2010, respectively. The annual premium payments for fiscal years 2011 and 2010 were \$47,715 and \$271,687, respectively. During fiscal year 2011, Maryville surrendered 10 policies, which had a cash surrender value of \$2,903,263.

**Split-Interest and Remainder Trust Agreements** — Donors have established and funded trusts that are administered by organizations other than Maryville. Maryville does not control the assets held by an outside trust. Under the terms of the split-interest trust, Maryville has the irrevocable right to receive the income earned on the trust assets either in perpetuity or for the life of the trust. Maryville's beneficial interest in the remainder trust was measured at the present value of the estimated future cash receipts using a 4% discount rate at June 30, 2011 and 2010.

**Land, Buildings, and Equipment** — Land, buildings, and equipment are recorded at cost. Major renewals and improvements are charged to the property accounts, while replacement, maintenance, and repairs that do not improve or extend the life of the respective assets are charged directly to expense.

Depreciation is computed on the straight-line method based upon the following lives:

Asset Description	Useful Life
Buildings	15–25 years
Building and land improvements	15–20 years
Equipment, furniture, and fixtures	3–5 years
Leasehold improvements	3–7 years

**Asset Impairment** — Maryville follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 360, *Property, Plant, and Equipment*. The provisions of this statement include a requirement that long-lived assets be reviewed for impairment by comparing the future cash flows expected from the asset to the carrying value of the asset when certain conditions exist or events occur. In management's opinion, no impairment exists as of June 30, 2011 or 2010.

**Asset Retirement Obligations** — In accordance with ASC Topic 410, *Asset Retirement and Environmental Obligations*, Maryville records all known asset retirement obligations for which the fair value of the liability can be reasonably estimated, including certain obligations relating to the regulatory remediation. As of June 30, 2011, the liability for asset retirement obligations totaled \$683,361 and the related asset totaled \$47,218, net of accumulated depreciation of \$90,747. As of June 30, 2010, the liability for asset retirement obligations totaled \$653,101 and the related asset totaled \$49,642, net of accumulated depreciation of \$88,323.

**Classification of Net Assets** — In accordance with ASC Topic 958, *Not-for-Profit Entities*, resources are classified into three classifications of net assets according to externally (donor) imposed restrictions. Unrestricted net assets are expendable for any purpose in performing the primary objectives of the organization. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a donor restriction expires, that is, when a stipulation ends or purpose of restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of activities and changes in net assets as net assets released from restrictions. Permanently restricted net assets have been restricted by donors to be maintained by the organization in perpetuity. Maryville does not have any permanently restricted net assets as of June 30, 2011 and 2010.

Temporarily restricted net assets as of June 30, 2011, are available for the following purposes or periods

Purpose restrictions — available for spending	
Residential programs	\$ 83,361
Specialized program	25,530
Recreation program	400
Education program	<u>11,259</u>
 Total purpose — restricted net assets	120,550
 Time restrictions — remainder trust	<u>393,156</u>
 Total temporarily restricted net assets	<u>\$ 513,706</u>

Temporarily restricted net assets as of June 30, 2010, are available for the following purposes or periods

Purpose restrictions — available for spending	
Residential programs	\$ 200,751
Specialized program	2,416
Education program	<u>548</u>
 Total purpose — restricted net assets	203,715
 Time restrictions — remainder trust	<u>382,230</u>
 Total temporarily restricted net assets	<u>\$ 585,945</u>

**Revenue Recognition** — The majority of funding for Maryville's operations is provided by the Illinois Department of Children and Family Services and other governmental agencies. Maryville recognizes program revenues in the fiscal year that the services are rendered. Net patient service revenue is reported at the estimated net realizable amount due from third-party payers and customers for services rendered.

**Contributions** — Unconditional promises to give cash and other assets to Maryville that are expected to be collected within one year are reported at fair value at the date the promise is received. Unconditional promises to give that are expected to be collected in future years are recorded at present value of their future cash flows. Contributions receivable at June 30, 2011, are expected to be paid within one year. Conditional promises to give are reported at fair value when the conditions are substantially met. There were no conditional promises to give at June 30, 2011. In the absence of donor stipulations, Maryville classifies contributions as unrestricted. Donated goods and services are recognized as revenue and expense at the fair value of the donated goods or services.

**Accounting Standards Adopted** — In August 2009, the FASB issued Accounting Standards Update (ASU) 2009-05, *Measuring Liabilities at Fair Value*. ASU 2009-05 is an amendment of ASC Topic 820, *Fair Value Measurements and Disclosures*. ASU 2009-05 applies to all entities that measure liabilities at fair value within the scope of ASC Topic 820. ASU 2009-05 provides guidance on measuring fair value of liabilities under circumstances in which a quoted price in an active market for the identical liability is not available. Effective July 1, 2010, Maryville evaluates its liabilities using the provisions of ASC Topic 820. Maryville's adoption of the updated ASC Topic 820 guidance had no impact on Maryville's financial statements for the year ended June 30, 2011.

In January 2010, the FASB issued ASU 2010-06, *Improving Disclosures about Fair Value Measurements*, which, among other things, amends ASC Topic 820 to require entities to separately present purchases, sales, issuances, and settlements in their reconciliation of Level 3 fair value measurements (i.e., to present such items on a gross basis rather than on a net basis), and which clarifies existing disclosure requirements of ASC 820 regarding the level of disaggregation and the inputs and valuation techniques used to measure fair value for measurements that fall within either Level 2 or Level 3 of the fair value hierarchy. ASU 2010-06 also requires that significant transfers between all levels (including Level 1 and Level 2) be disclosed on a gross basis (i.e., transfers out must be disclosed separately from transfers in) and the reason for such transfers. ASU 2010-06 is effective for annual periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances, and settlements in the rollforward of activity in Level 3 fair value measurements (which are effective for fiscal years beginning after December 15, 2010). Maryville has adopted a policy of recognizing significant transfers between Levels at year-end. Maryville has early adopted the second phase of ASU 2010-06 and is disclosing purchases and sales on a gross basis in the Level 3 rollforward. However, there were no purchases or sales of Level 3 investments during the year to disclose.

**Accounting Standards Updates Issued Not Yet Adopted** — In August 2010, the FASB issued ASU 2010-23, *Measuring Charity Care for Disclosure*. ASU 2010-23 is an amendment of ASC Topic 954, *Health Care Entities*. ASU 2010-23 requires all providers to use cost as the measurement basis for charity care disclosure purposes and that the cost be identified as the direct and indirect costs of providing the charity care. The method used to identify or estimate the cost of charity care must be disclosed, as well as, any funds received to offset or subsidize charity care services provided. ASU 2010-23 is effective for fiscal years beginning after December 15, 2010. Maryville's management is currently assessing the impact that the adoption of ASU 2010-23 will have on the financial statement disclosures.

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in US GAAP and International Financial Reporting Standards ("IFRSs")*, which amends ASC 820. ASU 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption will not have a material effect on the statement of financial position and statement of activities and changes in net assets. Maryville's management has not determined the impact on the disclosures in the financial statements.

**Tax Status** — Maryville is a tax-exempt organization under Section 501(a) as an organization described in Section 501(c) (3) of the Internal Revenue Code.

**Use of Estimates** — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Subsequent Events** — For the year ended June 30, 2011, Maryville has evaluated all subsequent events through December 14, 2011, which is the date the financial statements were available to be issued.

### 3. INVESTMENTS

Investments at fair value as of June 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Mutual funds	<u>\$35,462,170</u>	<u>\$28,441,611</u>
Fixed income securities		
U S government	1,978,819	1,834,510
U S government agencies	11,265,582	8,853,974
Corporate bonds	10,018,838	9,657,898
Asset-backed securities	334,772	75,795
Mortgage-backed securities	<u>116,894</u>	<u>353,675</u>
Total fixed income securities	<u>23,714,905</u>	<u>20,775,852</u>
Total investments	<u>\$59,177,075</u>	<u>\$49,217,463</u>

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. It is reasonably possible that changes in the values of investments could occur in the near term and that such changes could materially affect the investment amounts reported in the accompanying statements of financial position.

### 4. FAIR VALUE MEASUREMENTS

Fair value is the price that would be received upon sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The following fair value hierarchy is used in selecting inputs, with the highest priority given to Level 1, as these are the most transparent or reliable.

*Level 1* — Quoted prices for identical instruments in active markets

*Level 2* — Quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-derived valuations in which all significant inputs are observable in active markets

*Level 3* — Valuations derived from valuation techniques in which one or more significant inputs are not observable

Maryville attempts to establish fair value as an exit price in an orderly transaction consistent with normal settlement market conventions. Maryville is responsible for the valuation process and seeks to obtain quoted market prices for all securities. When quoted market prices in active markets are not available, Maryville uses independent pricing services to establish fair value.

**Assets Measured at Fair Value** — Assets measured at fair value on a recurring basis as of June 30, 2011 and 2010, are summarized as follows

2011	Level 1	Level 2	Level 3	Total
Mutual funds	<u>\$ 35,462,170</u>	\$ -	\$ -	<u>\$ 35,462,170</u>
Fixed income securities				
U S government	1,978,819			1,978,819
U S government agencies		11,265,582		11,265,582
Corporate bonds		10,018,838		10,018,838
Asset-backed securities		334,772		334,772
Mortgage-backed securities		<u>116,894</u>		<u>116,894</u>
Total fixed income securities	<u>1,978,819</u>	<u>21,736,086</u>	<u>-</u>	<u>23,714,905</u>
Total	<u>\$ 37,440,989</u>	<u>\$ 21,736,086</u>	<u>\$ -</u>	<u>\$ 59,177,075</u>
<b>2010</b>				
Mutual funds	<u>\$ 28,441,611</u>	\$ -	\$ -	<u>\$ 28,441,611</u>
Fixed income securities				
U S government	1,834,510			1,834,510
U S government agencies		8,853,974		8,853,974
Corporate bonds		9,657,898		9,657,898
Asset-backed securities		75,795		75,795
Mortgage-backed securities		<u>353,675</u>		<u>353,675</u>
Total fixed income securities	<u>1,834,510</u>	<u>18,941,342</u>	<u>-</u>	<u>20,775,852</u>
Total	<u>\$ 30,276,121</u>	<u>\$ 18,941,342</u>	<u>\$ -</u>	<u>\$ 49,217,463</u>

The following section describes the valuation methodologies used to measure different financial assets at fair value, including an indication of the level in the fair value hierarchy in which the asset is generally classified. Maryville uses prices and inputs that are current as of the measurement date, obtained through a third-party custodian from independent pricing services.

Mutual funds are valued based on the net asset value as computed once per day based on the quoted market prices of the securities in the fund's portfolio and are generally categorized in Level 1 of the fair value hierarchy.

Fixed income securities are comprised of U S government securities, U S government agency securities, corporate bonds, asset-backed securities, and mortgage-backed securities. U S government securities are valued using quoted market prices and accordingly are categorized in Level 1 of the fair value hierarchy. The fair value of U S government agency securities, corporate bonds, asset-backed securities, and mortgage-backed securities are estimated using recently executed transactions, market price quotations (where observable), or bond spreads. If the spread data does not reference the issuer, then data that reference a comparable issuer are used. U S government agency securities, corporate bonds, asset-backed securities, and mortgage-backed securities are generally categorized in Level 2 of the fair value hierarchy.

## 5. LAND, BUILDINGS, AND EQUIPMENT

For fiscal years 2011 and 2010, Maryville's depreciation expense totaled \$1,642,566 and \$1,788,799, respectively. Major classes of property and equipment as of June 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Land	\$ 1,536,977	\$ 1,521,226
Buildings	29,402,722	29,440,694
Building and land improvements	9,164,058	8,724,711
Vehicles	1,330,411	1,355,304
Furniture and fixtures	1,417,107	1,231,483
Computer equipment and software	5,032,333	4,540,382
Asset retirement obligation	<u>137,965</u>	<u>137,965</u>
 Total property and equipment	 48,021,573	 46,951,765
Less accumulated depreciation	<u>36,702,223</u>	<u>35,127,566</u>
 Property and equipment — net	 <u>\$11,319,350</u>	 <u>\$11,824,199</u>

## 6. PENSION PLAN

Employees of Maryville are participants in the noncontributory pension plan of Catholic Charities, which covers substantially all eligible employees. Since the pension plan covers several entities, separate benefit and asset information applicable to Maryville is not available. For fiscal years 2011 and 2010, Maryville's pension expense totaled \$1,132,412 and \$1,139,632, respectively.

## 7. POSTRETIREMENT BENEFITS

Maryville provides certain medical and dental benefits for retired employees. Maryville's employees do not contribute to the cost of this benefit plan. The obligation is funded by Maryville on an annual basis, and the assets for this plan are segregated and held in a separate legal trust.

For the years ended June 30, 2011 and 2010, the status of the plan is as follows

	<b>2011</b>	<b>2010</b>
Change in projected benefit obligation		
Projected benefit obligation — beginning of year	\$ 4,159,759	\$ 3,644,249
Service cost	25,170	17,508
Interest cost	210,054	218,836
Actuarial losses	500,248	501,175
Benefits paid	<u>(233,180)</u>	<u>(222,009)</u>
Projected benefit obligation — end of year	<u><u>\$ 4,662,051</u></u>	<u><u>\$ 4,159,759</u></u>
Change in plan assets		
Fair value of plan assets — beginning of year	\$ 4,766,831	\$ 4,856,432
Actual return on plan assets	198,800	132,408
Benefits paid	<u>(233,180)</u>	<u>(222,009)</u>
Fair value of plan assets — end of year	<u><u>\$ 4,732,451</u></u>	<u><u>\$ 4,766,831</u></u>
Funded status — end of year	<u><u>\$ 70,400</u></u>	<u><u>\$ 607,072</u></u>
Amounts recognized in the statements of financial position — prepaid postretirement benefits	<u><u>\$ 70,400</u></u>	<u><u>\$ 607,072</u></u>

The components of net periodic benefit income for the years ended June 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Components of net periodic benefit income		
Service cost	\$ 25,170	\$ 17,508
Interest cost	210,054	218,836
Expected return on plan assets	(92,931)	(94,836)
Amortization of prior service credit	(297,352)	(297,352)
Recognized net actuarial loss	<u>64,427</u>	<u>26,503</u>
Total net periodic benefit income	<u><u>\$ (90,632)</u></u>	<u><u>\$ (129,341)</u></u>

The postretirement benefit plan items not yet recognized as a component of periodic benefit income, but included as a separate charge to net assets for the years ended June 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Reclassification adjustment for recognition of prior service credit	\$ 297,352	\$ 297,352
Reclassification adjustment for recognition of net actuarial loss	(64,427)	(26,503)
Net actuarial loss arising during the period	<u>394,379</u>	<u>463,603</u>
Postretirement-related changes other than net periodic benefit cost	<u><u>\$ 627,304</u></u>	<u><u>\$ 734,452</u></u>

The postretirement benefit plan accumulated losses and prior service credits not yet recognized as a component of periodic postretirement cost but accumulated in unrestricted net assets as of June 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Unrecognized net actuarial loss	\$ 1,566,226	\$ 1,236,274
Unrecognized prior service credit	<u>(2,465,047)</u>	<u>(2,762,399)</u>
Net unrecognized periodic benefit income	<u>\$ (898,821)</u>	<u>\$ (1,526,125)</u>

The amortization of net actuarial loss and prior service credit expected to be recognized as components of net periodic benefit cost during fiscal year 2012 are \$99,861 and \$297,352, respectively

Actuarial assumptions for the plan for the years ended June 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Weighted-average assumptions used to determine benefit obligations as of June 30		
Discount rate	5 10 %	5 20 %
Expected return on plan assets	2 00	2 00
Weighted-average assumptions used to determine benefit cost for the years ended June 30		
Discount rate	5 20	6 20
Expected return on plan assets	2 00	2 00

For measurement purposes, an 8.5% and 9.0% gross health care trend rate and a 5% gross dental care trend rate was used for 2011 and 2010, respectively. Medical trend rates were assumed to be 8.5% and decrease to 5% at a rate of 0.5% per year

Plan assets for the years ended June 30, 2011 and 2010, are as follows

	<b>2011</b>	<b>2010</b>
Fixed income securities	74 %	64 %
Certificates of deposit	18	33
Cash and cash equivalents	<u>8</u>	<u>3</u>
Total	<u>100 %</u>	<u>100 %</u>

The postretirement benefit payments, which reflect expected future medical insurance premiums, as appropriate, are expected to be paid in future years as follows

<b>Years Ending</b> <b>June 30</b>	<b>Amount</b>
2012	\$ 261,611
2013	278,127
2014	295,349
2015	299,301
2016	305,476
2017–2021	<u>1,608,217</u>
 Total	 <u>\$ 3,048,081</u>

**Postretirement Benefit Plan Assets Measured at Fair Value** — Assets measured at fair value on a recurring basis as of June 30, 2011 and 2010, are summarized as follows

<b>2011</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Short-term investments	\$ 360,032	\$ 840,570	\$ -	\$ 1,200,602
 Fixed income securities				
U S government	3,502,475			3,502,475
Corporate bonds	<u>                  </u>	<u>29,374</u>	<u>                  </u>	<u>29,374</u>
 Total fixed income securities	<u>3,502,475</u>	<u>29,374</u>	<u>-</u>	<u>3,531,849</u>
 Total	<u>\$ 3,862,507</u>	<u>\$ 869,944</u>	<u>\$ -</u>	<u>\$ 4,732,451</u>
 <b>2010</b>				
Short-term investments	\$ 135,027	\$ 1,585,497	\$ -	\$ 1,720,524
 Fixed income securities				
U S government	2,258,850			2,258,850
Corporate bonds	<u>                  </u>	<u>787,457</u>	<u>                  </u>	<u>787,457</u>
 Total fixed income securities	<u>2,258,850</u>	<u>787,457</u>	<u>-</u>	<u>3,046,307</u>
 Total	<u>\$ 2,393,877</u>	<u>\$ 2,372,954</u>	<u>\$ -</u>	<u>\$ 4,766,831</u>

The following section describes the valuation methodologies used to measure different financial assets at fair value, including an indication of the level in the fair value hierarchy in which the asset is generally classified. Maryville uses prices and inputs that are current as of the measurement date, obtained through a third-party custodian from independent pricing services.

Short-term investments include invested cash and money market mutual funds. These are generally categorized in Level 1 of the fair value hierarchy. Short-term investments also include certificates of deposit, which are generally categorized in Level 2 of the fair value hierarchy.

Fixed income securities are comprised of U S government securities and corporate bonds U S government securities are valued using quoted market prices and accordingly are categorized in Level 1 of the fair value hierarchy. The fair value of corporate bonds are estimated using recently executed transactions, market price quotations (where observable), or bond spreads. If the spread data does not reference the issuer, then data that reference a comparable issuer are used. Corporate bonds are generally categorized in Level 2 of the fair value hierarchy.

## **8. EMPLOYER-DEFINED CONTRIBUTION PLAN**

Maryville established a 403(b) defined contribution plan (the "Plan") on March 1, 2006. The Plan is available to all active Maryville employees, except those employees who chose to remain participants in the Maryville Academy Retiree Medical and Dental program. For salary reductions up to \$500 annually the participant contributes during the plan year. Maryville will make a matching contribution of \$500. Maryville's matching contribution expense to the Plan for fiscal year 2009 totaled \$70,931. Currently, Maryville is not matching any participant contributions made on or after July 1, 2009.

On January 20, 2007, Maryville amended the Plan to include employees of the Maryville Jen School ("Jen School"). Under the terms of the amendment, Maryville will make nonelective contributions of 8% of an employee's base salary for all certified professionals and 3% for all educational support personnel provided that the participants are still employed at the end of their contract term within the plan year. For fiscal years 2011 and 2010, nonelective contribution expense to the Plan for the Jen School employees totaled \$121,118 and \$116,590, respectively.

## **9. SCHOLARSHIP FUNDS**

Maryville solicits donations to support its high school graduates who want to continue their education at a college or trade school. Donations are received through bequests, contributions, and proceeds from golf outings. The number of students enrolled in college, junior college, or trade schools was 8 and 12 for fiscal years 2011 and 2010. Maryville paid \$46,228 and \$138,330 for scholarships in fiscal years 2011 and 2010, respectively.

Future scholarship commitments, as of June 30, 2011, for former Maryville residents currently participating in the scholarship program are as follows:

<b>Years Ending</b>		
<b>June 30</b>		<b>Amount</b>
2012		\$ 74,000
2013		34,000
2014		<u>24,000</u>
<b>Total</b>		<b><u>\$ 132,000</u></b>

## **10. LEASES**

Maryville amended its lease with the Missionary Sisters of the Sacred Heart due to the closing of the Columbus shelter program on September 30, 2006. The lease amendment shortened the lease term from 2011 to 2009 and forgave all future lease payments as of November 1, 2006. Maryville continued to pay for building operating costs through November 2009. The future operating costs were estimated to be \$1,927,585, which was included in management and general expenses in the statement of activities and changes in net assets for fiscal year 2007. Operating costs for fiscal 2010 totaled \$65,042, which were applied against the established liability and were not included in the statement of activities and changes in net assets. Maryville vacated the buildings during November 2009 and the liability was reduced to zero at June 30, 2010.

## **11. RELATED-PARTY TRANSACTIONS**

Maryville paid the Archdiocese of Chicago ("Archdiocese") \$1,402 and \$8,574 for miscellaneous expenses during fiscal years 2011 and 2010, respectively. Effective July 1, 2008, Maryville withdrew from the Archdiocese self-insurance program and obtained third-party insurance from various carriers. During fiscal 2010, Maryville accrued \$375,904 for residual liabilities relating to five historical claims from the Archdiocese self-insurance program. As of June 30, 2011, Maryville had a balance due to the Archdiocese of \$177,126, which is included in current liabilities in the statement of financial position.

Maryville has a long-term note receivable due from the Archdiocese of \$1,324,812 and \$1,624,840 of which \$797,922 and \$1,222,089 is reported as a long-term receivable and the current portion is included in accounts receivable — nonprogram on the statement of financial position for fiscal years 2011 and 2010, respectively. The first payment on the note was received in June 2009, and quarterly payments are due through March 31, 2014, at an interest rate of 5.25%. The note receivable is to reimburse Maryville for costs incurred, net of revenues collected, in financially supporting Our Lady of the Gardens School for fiscal year 2009 and for funding of capital improvements. Maryville has historically financially supported Our Lady of the Garden School, but due to low enrollment, the Archdiocese decided to close the school as of June 2009. Maryville also paid for high school scholarships totaling \$100,000 and \$137,325 for fiscal years 2011 and 2010, respectively.

Maryville funded the Archdiocese's Office of Catechesis activities totaling \$268,595 for fiscal years 2011 and 2010. As of June 30, 2011, Maryville had a balance due to the Archdiocese for payments to the Office of Catechesis of \$67,149 and 179,063, which is included in accounts payable in the statement of financial position for fiscal years 2011 and 2010, respectively.

Maryville had various related-party transactions with Catholic Charities during 2011 and 2010. Maryville participated in health and welfare and pension plans administered by Catholic Charities. Maryville's premium payments to Catholic Charities totaled \$4,053,178 and \$3,878,835 for fiscal years 2011 and 2010, respectively. As of June 30, 2011 and 2010, Maryville had a balance due to Catholic Charities of \$1,357,558 and \$1,378,064, respectively, included in current liabilities in the accompanying statements of financial position. In addition, Catholic Charities has a rent-free use agreement for a building owned by Maryville.

The CBC owns approximately 55 acres in Des Plaines, Illinois, and since 1883 has allowed Maryville to use the property rent free for its child care operations.

## **12. CHARITY CARE**

Maryville's acute care hospital and children's health care center provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity policy. Because the hospital and children's health care center do not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The criteria for charity care include family income, family size, and certain living expenses. The amount of charges forgone for services furnished under the charity care policy for fiscal years 2011 and 2010 totaled \$4,344 and \$58,539, respectively.

## **13. CONTINGENCIES**

Maryville is party to litigation arising in the ordinary course of business. Based on the facts and circumstances currently known, such litigation will not, in the opinion of management, materially affect the financial position or results of operations of Maryville.

\* \* \* \* \*

## MARYVILLE ACADEMY

### SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2011

	Casa Salama	St George	Farm Campus	Casa Imani	Residential			Madden Shelter	Shelter Care	Specialized Programs		
					Residential Treatment Center	Mentally Ill Substance Abuse	St Martin de Porres Residential Treatment			Children's Health Care Center	Crisis Nursery	Total Specialized Programs
<b>REVENUE AND SUPPORT</b>												
Revenues												
Department of Children and Family Services	\$3,184,175	\$3,621,220	\$ -	\$ 2,287,187	\$ 3,497,770	\$ 621,411	\$ 881,7947	\$ 13,655,299	\$ 853,316	\$ -	\$ -	\$ -
Department of Human Services	5,621	4,452		2,700	10,353	573	164	621,411	23,863		1,542,358	1,542,358
Department of Healthcare and Family Services					38,428							
Federal Lunch Program	326,914	-521			563			334,435				
Other government programs	563							1,126				
Rent	13,028					25,119		38,147				
Interest, dividends, net realized loss, and unrealized gains	2,425	540	615	817	64,893	16,199	85,515	512		7,853	7,853	
Other										5,917	19,730	95,647
<b>Total revenues</b>	<b>3,532,726</b>	<b>3,626,212</b>	<b>8,136</b>	<b>2,291,267</b>	<b>3,863,444</b>	<b>663,632</b>	<b>81,3137</b>	<b>14,798,554</b>	<b>853,828</b>	<b>1,626,128</b>	<b>19,730</b>	<b>1,645,858</b>
Support												
Donated goods and services	349	268		1,238		1,344	100	2,061		3,171	20,241	23,412
Contributions and bequests	52,050	50				1,930		55,268	220	1,000	231,832	232,832
Special events								128,379			83,297	83,297
Net assets released from restrictions	128,379										210,328	210,328
<b>Total support</b>	<b>180,778</b>	<b>318</b>	<b>-</b>	<b>-</b>	<b>1,238</b>	<b>-</b>	<b>3,274</b>	<b>100</b>	<b>185,708</b>	<b>220</b>	<b>4,171</b>	<b>545,698</b>
Total revenue and support	3,713,504	3,626,530	8,136	2,292,505	3,863,444	666,946	81,3137	14,964,262	854,048	1,630,299	565,428	2,195,727
<b>EXPENSES</b>												
Program expenses												
Program staff salaries	1,970,006	1,963,017	45,713	1,171,150	1,933,384	496,442	507,416	8,087,128	826,179	1,196,392	389,771	1,586,163
Program clinical and staff salaries	39,522	26,086	5,190	30,388	38,804	5,520	145,506	38,518	20,977	16,835	3,832	3,832
Program payroll taxes and fringe benefits	604,259	519,351	(2,624)	360,630	497,402	-4,499	165,808	2,219,325	2,264,641	322,551	129,176	451,727
Program consultants					324	41,535	-564	933	50,545	115	24,119	24,119
Consumer wages and fringe benefits	189				1,987			6,337	26			
Medicine and drugs	3,288	995	67		1,145	-304	2,684	1,267	22,452	863	10,842	231
All other direct service equipment and supplies	6,659	3,393			6,761	2,653	147	-3	13,142	2,113	3,526	41,181
All other direct service equipment and supplies	2,214	1,294			2,653	1,139	2,041	1,183	30,068	5,353	1,276	7,071
All other direct service equipment and supplies	12,026	8,272	1,900		3,547	2,041	3,547	2,041	20,442	30,307	6,588	11,756
All other direct service equipment and supplies	5,393	58,651	475	49,480	23,157	4,942	-344	11,891	435	2,631	130	2,661
Client transportation						8,010	190		25,181	49,036	14,985	64,021
Direct service staff conferences and conventions	2,149	815	-27		30,030	4,389	15,659	13,932	196,916	1,031	293	1,324
Program insurance	44,616	44,086	1,004		50,478	-5,596	1,253	6,464	295,543	19,236	5,387	5,928
Direct client-specific assistance	78,245	83,325	182		8,164	2,854	1,818	963	25,613	11,047	5,071	11,315
Telecommunication costs assigned to program	78	1,693	2,334		1,923	1,356	1,356	690	8,329	154	20,062	25,133
Other	2,303	252			1,805							
<b>Total program expenses</b>	<b>2,830,656</b>	<b>2,711,230</b>	<b>54,241</b>	<b>1,714,208</b>	<b>2,683,54</b>	<b>61,4057</b>	<b>706,073</b>	<b>11,314,237</b>	<b>1,232,168</b>	<b>1,232,168</b>	<b>58,575</b>	<b>2,237,002</b>

(Continued)

**MARYVILLE ACADEMY**

**SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES  
FOR THE YEAR ENDED JUNE 30, 2011**

	Casa Salama	St. George	Farm Campus	Casa Imani	Residential Treatment Center			Mentally Ill Substance Abuse	St. Martin de Porres	Residential Treatment	Shelter Care			Specialized Programs	
					Residential Treatment Center	Mentally Ill Substance Abuse	St. Martin de Porres				Madden Shelter	Total Shelter Care	Children's Health Care Center	Crisis Nursery	Total Specialized Programs
EXPENSES (Continued)															
Support expenses															
Support salaries	\$ 83,107	\$ 2,185	\$ 49	\$ -	\$ -	\$ 171,403	\$ -	\$ 173,588	\$ 62,811	\$ 58,602	\$ 6,550	\$ 6,549	\$ 13,099		
Support payroll taxes and fringe benefits	13,125	97,831	16,801	344	66,301	123,401	29,116	23,892	423,992	13,922	1,210	1,210	2,420		
Debtary supplies	1,257				10,963	18,106	2,646	4,633	66,550	59,252	4,630	13,241	1,871		
Housekeeping and laundry supplies					1,033	20,094			22,509	1,058	8,996	4,514	3,761	8,255	
Other											1,058	12,696	998	13,694	
Total support expenses	97,866	116,845	469		78,297	395,766	31,762	28,525	749,450	141,830	141,830	29,600	25,59	55,359	
Occupancy expenses															
Occupancy salaries	28,983	11,900	4,623		30,955	24,577				101,038	36,644	24,164	24,194	48,358	
Occupancy payroll taxes and fringe benefits	6,165	6,190	896		7,692	8,977				30,471	14,329	9,405	9,390	18,795	
Building and equipment operations and maintenance	92,854	111,615	5,638		68,923	1,373	1,518	53,039	523,360	84,988	74,287	63,238	13,525		
Depreciation	55,374	76,987	709		33,404	240,196	37,231	6,681	450,882	21,595	21,595	23,991	44,622	68,613	
Vehicle rent															-
All other leases, rent, taxes															
Equipment	2,601	3,992	120		3,060	1,577	805	3,152							
Other	29,554	6,623			24,649	-233	2,084	1,50	2,013						
Total occupancy expenses	215,531	217,307	111,986		168,683	456,93	5,638	651,73	1,193,291	196,526	196,526	143,486	152,799	296,285	
Administrative expenses															
Administrative salaries	532	532	532		2,513		8,433	37,542							
Administrative payroll taxes and fringe benefits	592	586	586		14,182			15,946							
Administrative consultants															
Telecommunication costs not assigned to program	8,056	1,654	842		5,843	12,225	776	538	29,934	9,105	9,105	5,718	5,226	10,944	
Office supplies and equipment	4,811	3,117	13	3,047	9,886	9,886	2,825	2,448	2,776	2,776	1,720	878	2,507		
Allocation of management and general	569,186	629,847	448	1,333	601,671	1,6449	131,853	2,424,761	260,444	260,444	257,96	114,918	372,714		
Other	1,457	2,893						39,542	1,045	312	312	4,615	4,615	9,723	
Total administrative expenses	884,922	638,629	1,303		343,035	671,653	201,077	144,694	2,386,313	288,300	288,300	412,611	125,546	538,157	
Total expenses	3,288,895	3,684,011	67,999		2,304,223	4,208,146	904,552	944,465	1,584,291	1,858,824	1,858,824	2,335,124	891,679	3,126,803	
NET (DEFICIT) SURPLUSES	\$ (15,391)	\$ (57,481)	\$ (59,863)		\$ (11,18)	\$ (344,702)	\$ (23,646)	\$ (131,228)	\$ (858,029)	\$ (1,004,776)	\$ (1,004,776)	\$ (644,825)	\$ (931,076)	\$ (326,251)	

(Continued)

## MARYVILLE ACADEMY

### SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2011

	Medical Programs			Recreation/Education/Outreach			Total Program Services	Supporting Services			Program and Supporting Services	
	Scott Nolan Acute Care	Total Medical Programs	Community Outreach	Recreation & Sports Complex	Jen School	Recreation/ Education/ Outreach		Management & General	Development	Total Supporting Services		
<b>REVENUE AND SUPPORT</b>												
Revenues												
Department of Children and Family Services	\$ 87,600	\$ 87,600	\$ -	\$ -	\$ -	\$ -	\$14,596,215	\$ -	\$ -	\$ -	\$14,596,215	
Department of Human Services	11,246,333	11,246,333	37,186	19,853	166,523	2,688,219	12,825,679	621,741	12,825,679	621,741	12,825,679	
Department of Healthcare and Family Services	37,186	37,186	19,853	-	-	-	75,614	3,042,507	3,042,507	75,614	3,042,507	
Federal Lunch Program												
Other government programs												
Rent												
Interest dividends net realized loss and unrealized gains	11,244	11,244	952,925	24,059	10,159	10,543	167,649	380,839	380,839	548,488	11,463,641	
Other												
Total revenues	12,355,141	12,355,141	24,059	176,682	2,698,762	2,899,503	1,166,235	207,579	6,497	214,076	1,380,311	
Support												
Donated goods and services	701	701	270	790	1,060	1,060	27,234	36,803	36,803	64,037	64,037	
Contributions and bequests	550	550	11,295	27,831	2,180	41,306	330,176	953,027	953,027	1,283,203	1,283,203	
Special events				51,550	51,550	51,550	134,847	193,312	193,312	328,159	328,159	
Net assets released from restrictions				1,895	1,895	648	2,543	341,250	(341,250)	-	-	
Total support	1,251	1,251	11,565	82,066	2,828	96,459	833,507	-	841,892	841,892	1,675,399	
Total revenue and support	12,356,392	12,356,392	35,624	258,748	2,701,590	2,995,962	33,386,391	11,994,815	848,389	12,843,204	12,843,204	16,229,595
<b>EXPENSES</b>												
Program expenses												
Program staff salaries	4,412,227	4,412,227	39,047	110,227	1,884,436	2,033,710	16,945,407	21,524	21,524	16,966,931	16,966,931	
Program clerical and staff salaries	190,180	190,180	10,492	31,031	543,092	72,761	484,797	-	-	484,797	484,797	
Program payroll taxes and fringe benefits	1,147,865	1,147,865	2,460	2,460	48,394	584,615	4,676,173	27,439	27,439	4,703,612	4,703,612	
Program consultants	203,687	-	-	271	34,505	34,505	329,320	-	-	329,320	329,320	
Consumer wages and fringe benefits												
Medicine and drugs	1,596,230	1,596,230	11,068	1,134	34	35,566	36,734	70,764	-	-	70,764	
All other direct service equipment and supplies	11,068	11,068	3,118	5,635	3,766	489	9,910	50,520	13,461	13,461	63,981	
Staff transportation	3,118	3,118	20,881	16	9,158	7,810	16,984	281,370	90,217	90,217	371,972	
Client transportation	20,881	-	16,426	(86)	512	3,182	3,608	35,121	49,698	49,698	135	
Direct service staff conferences and conventions	323,973	323,973	708	2,275	45,155	48,138	6,58,229	49,481	49,481	54,434	54,434	
Program insurance	5,155	5,155	151,318	915	2,949	155,182	1,625	476,440	1,625	476,440	712,663	
Direct client-specific assistance	4,610	4,610	1,550	703	2,253	54,828	7,775	8,498	8,498	10,123	486,563	
Telecommunication costs assigned to program	756	756	268,891	8,466	10,733	288,090	150	322,462	150	322,462	62,613	
Other												
Total program expenses	7,936,166	7,936,166	479,635	168,205	2,690,470	3,358,310	26,057,883	261,370	52,607	313,977	26,371,860	

(Continued)

## MARYVILLE ACADEMY

### SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2011

	Medical Programs			Recreation/Education/Outreach			Total Program Services	Supporting Services			Program and Supporting Services
	Scott Nolan Acute Care	Medical Programs	Total	Community Outreach	Recreation & Sports Complex	Jen School		Recreation/ Education/ Outreach	Management & General	Development	
EXPENSES (Continued)											
Support expenses											
Support salaries	\$ 299,507	\$ 299,507	\$ -	\$ -	\$ 31,175	\$ 31,175	\$ 575,971	\$ -	\$ -	\$ -	\$ 575,971
Support payroll taxes and fringe benefits	107,480	107,480			4,703	4,703	191,336				191,336
Dietary supplies	131,084	131,084	1,036	3,051	60,129	64,216	696,415	14,042	5,201	19,243	715,638
Housekeeping and laundry supplies	34,622	34,622		2,813	4,119	6,932	125,315	7,601	7,601	6,089	132,976
Other	54,604	54,604		125	217	342	92,297	6,089			98,296
Total support expenses	627,297	627,297	1,036	5,989	100,343	107,368	1,681,314	27,732	5,201	32,933	1,714,237
Occupancy expenses											
Occupancy salaries	66,322	66,322	117	1,184	1,883	3,184	255,546	242,810	707	243,517	499,053
Occupancy payroll taxes and fringe benefits	24,395	24,395		16	234	250	88,240	74,819		74,819	163,149
Building and equipment operations and maintenance	414,966	414,966	5,978	191,661	78,407	276,146	1,436,885	740,993	6,746	747,739	2,184,624
Depreciation	575,851	575,851	270	20,897	56,723	77,890	1,194,831	447,544	191	447,735	1,642,566
Vehicle rent	923	923					1,263	4,544		4,544	5,807
All other leases rent taxes	-	-		680		680	680	8,742		8,742	9,422
Equipment	1,559	1,559	816	(182)	2,665	3,289	25,227	19,729	58	19,787	45,014
Other	20,617	20,617		(45,790)	51,562	5,772	155,174	283,593	156	283,749	438,923
Total occupancy expenses	1,104,633	1,104,633	7,851	167,786	191,474	367,111	3,157,836	1,822,754	7,858	1,830,612	4,988,488
Administrative expenses											
Administrative salaries	279,873	279,873		14,419	118,848	133,267	499,876	2,493,132	273,264	2,766,396	3,266,272
Administrative payroll taxes and fringe benefits	61,707	61,707		1,938	27,930	29,868	121,917	554,592	66,410	621,002	742,919
Administrative consultants	6,110	6,110	351	8,786	9,137	109,589	179,614	15,701	195,315	304,904	340,794
Telecommunication costs not assigned to program	23,478	23,478			2,234	2,234	75,695	82,635	464	83,099	158,794
Office supplies and equipment	23,804	23,804	828	600	4,706	6,134	59,669	34,481	27,486	61,967	121,636
Allocation of management and general	932,134	932,134	18,117	245,805	394,242	658,164	4,668,217	(4,710,513)	42,296	(4,668,217)	
Other	1,317,411	1,317,411	1,399	4,934	52,643	58,976	1,439,104	1,110,365	235,124	1,345,489	2,784,593
Total administrative expenses	2,664,517	2,664,517	20,344	268,047	609,389	897,780	6,974,067	(255,694)	660,745	405,051	7,379,118
Total expenses	12,332,613	12,332,613	508,866	610,027	3,501,676	4,710,569	37,871,100	1,856,162	726,411	2,582,573	40,453,673
NET SURPLUS (DEFICIT)	\$ 23,779	\$ 23,779	\$(-73,242)	\$(-351,279)	\$ (830,086)	\$(-1,714,607)	\$14,484,709)	\$10,138,653	\$121,978	\$10,260,631	\$ 5,775,922

(Concluded)