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| | | |
|---|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements | OMB No 1545-0047 2010 Open to Public Inspection |
|---|--|---|

| | | |
|--|--|---|
| A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MARYVILLE ACADEMY Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1150 NORTH RIVER ROAD City or town, state or country, and ZIP + 4 DES PLAINES, IL 60016 | D Employer identification number 36-2170873 |
| | F Name and address of principal officer SISTER CATHERINE RYAN 1150 NORTH RIVER ROAD DES PLAINES,IL 60016 | E Telephone number (847) 294-1999 |
| | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | G Gross receipts \$ 49,956,349 |
| | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| | H(c) Group exemption number ▶ | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.MARYVILLEACADEMY.ORG | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1883 |
| M State of legal domicile IL | | |

| | | | | | |
|-----------------------------|------------|--|---|-------------------|---------------------|
| Part I Summary | | | | | |
| Activities & Governance | 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 <input type="checkbox"/> 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 | | |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | | 9 | Program service revenue (Part VIII, line 2g) | 1,518,449 | 1,443,636 |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 33,833,655 | 32,004,022 | |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -610,187 | 1,593,147 | |
| 12 | | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 647,316 | 1,130,745 | |
| | | | 35,389,233 | 36,171,550 | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 610,477 | 476,441 | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | |
| | 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 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year | | |
| | 20 | Total assets (Part X, line 16) | 78,672,712 | 83,237,551 | |
| | 21 | Total liabilities (Part X, line 26) | 9,681,253 | 8,470,170 | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 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 | | 2012-05-15 Date | | |
| | NORMAN JOYCE CHIEF FINANCIAL OFFICER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name ▶ | | | | Firm's EIN ▶ |
| | Firm's address ▶ | | | | Phone no ▶ |

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

Part IIIStatement 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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 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

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

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

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)

4e

Total program service expenses \$ 37,871,100

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | No |
| 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? <i>If "Yes," complete Schedule C, Part II.</i> | | No |
| 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? <i>If "Yes," complete Schedule C, Part III.</i> | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part VI.</i> | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | | No |
| 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? <i>If "Yes," complete Schedule D, Part IX.</i> | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | Yes | |
| 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)? <i>If "Yes," complete Schedule D, Part X.</i> | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | | No |
| 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.? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | No |
| 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.? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | Yes | |
| 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 | |

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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> | 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 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 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) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| | | | | | | |
|--|--|---|-----|-----|-----|----|
| <div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div> <div>Check if Schedule O contains a response to any question in this Part V</div> | | | | | | |
| | | | Yes | No | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 49 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 | | | |
| c | | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. | 2a | 622 | 2b | Yes | |
| b | | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | |
| <div>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</div> | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | | No |
| b | | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | | No |
| 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. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | | No |
| b | | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | | | No |
| b | | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a | | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | Yes | |
| b | | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Yes | |
| c | | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | No |
| d | | If "Yes," indicate the number of Forms 8282 filed during the year. | | 7d | | |
| e | | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No |
| f | | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | No |
| g | | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 8 | | |
| 9 | | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | | Did the organization make any taxable distributions under section 4966? | | 9a | | No |
| b | | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | No |
| 10 Section 501(c)(7) organizations. Enter | | | | | | |
| a | | Initiation fees and capital contributions included on Part VIII, line 12. | | 10a | | |
| b | | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | | |
| a | | Gross income from members or shareholders. | | 11a | | |
| b | | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | 11b | | |
| 12a | | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | 12b | | |
| 13 | | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | 13a | | |
| 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 | | |
| c | | Enter the amount of reserves on hand. | | 13c | | |
| 14a | | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| 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

| | | | |
|----|---|-----|----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | Yes | |
| 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | No |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 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 | | No |

Section B. Policies

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

| | | | |
|-----|--|-----|----|
| | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | No |
| 10b | 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? | Yes | |
| 11b | 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 | Yes | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 13 | Does the organization have a written whistleblower policy? | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| 15c | 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? | | No |
| 16b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

| | | |
|----|--|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed | IL |
| 18 | Section 6104 requires an organization to make its 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (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, PH.D. 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, M.D. 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 |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (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 WONGSARNPIGOON MD PSYCHIATRIST | 41 00 | | | | | X | | 139,616 | 0 | 22,477 |
| (25) JILL ROEMER CHIEF CLINC | 50 00 | | | | | X | | 115,345 | 0 | 14,415 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 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 organization12

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
| | | |
| 2 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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|--|---|---|--|----------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 96,396 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 241,317 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,105,923 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 64,037 | | | |
| | h | Total. Add lines 1a-1f | | 1,443,636 | | | |
| | Program Service Revenue | 2a | Business Code | | | | |
| | | GOVERNMENT FEES | 900099 | 31,161,756 | 31,161,756 | | |
| b | | 3RD PARTY INSURANCE CLAIMS | 900099 | 842,266 | 842,266 | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | 32,004,022 | | | |
| Other Revenue | | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,859,727 | | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | |
| | | | 548,477 | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | 548,477 | | | | |
| | d | Net rental income or (loss) | | | 548,477 | 167,649 | 380,828 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | 13,286,667 | 44,010 | | | |
| | b | Less cost or other basis and sales expenses | 13,596,697 | 560 | | | |
| | c | Gain or (loss) | -310,030 | 43,450 | | | |
| | d | Net gain or (loss) | | | -266,580 | | -266,580 |
| | 8a | Gross income from fundraising events (not including \$ 96,396 of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| | | a | 231,763 | | | | |
| | b | Less direct expenses | b | 187,542 | | | |
| | c | Net income or (loss) from fundraising events . . . | | | 44,221 | | 44,221 |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities . . . | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | | b | Less cost of goods sold | b | | | |
| c | Net income or (loss) from sales of inventory . . . | | | | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| 11a | OTHER INCOME | | 297,837 | 297,837 | | | |
| b | OTHER INCOME/INS PROCEEDS | | 214,078 | | | 214,078 | |
| c | THRIFT SHOP | | 26,132 | 26,132 | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 538,047 | | | | |
| 12 | Total revenue. 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

| | | | | | (A) | | (B) |
|-----------------------------|---|---|------------|------------|-------------------|------------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 123,935 | 1 | 90,878 |
| | 2 | Savings and temporary cash investments | | | 2,051,551 | 2 | 2,145,536 |
| | 3 | Pledges and grants receivable, net | | | 4,329 | 3 | 41,694 |
| | 4 | Accounts receivable, net | | | 7,334,493 | 4 | 5,671,568 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 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 | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | 165,210 |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | 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 | 11,824,200 | 10c | 11,319,349 |
| | 11 | Investments—publicly traded securities | | | 30,276,121 | 11 | 37,440,989 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 18,941,342 | 12 | 21,736,086 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 8,116,741 | 15 | 4,453,612 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 78,672,712 | 16 | 83,237,551 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 8,962,631 | 17 | 8,217,352 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 373,778 | 19 | 51,676 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 344,844 | 25 | 201,142 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 9,681,253 | 26 | 8,470,170 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 68,405,514 | 27 | 74,253,675 |
| | 28 | Temporarily restricted net assets | | | 585,945 | 28 | 513,706 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 68,991,459 | 33 | 74,767,381 |
| | 34 | Total liabilities and net assets/fund balances | | | 78,672,712 | 34 | 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? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | 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 | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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? | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

| | |
|---|--|
| 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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

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 Total. 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 Public Support. 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 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| 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 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | | | | | |
| b 33 1/3% support test—2009. 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 stop here. The organization qualifies as a publicly supported organization ▶ | | | | | | |
| 17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ | | | | | | |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ | | | | | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶ | | | | | | |

Part IIISupport 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 Total. 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 Public Support (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 Total support (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 <input type="checkbox"/> | | | | | | |

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 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/> | | |

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).

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) |
| 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) | | | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

| | |
|---|--|
| 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? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div> | |
| 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? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div> | |

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 |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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)
- a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ 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
- | | |
|----|-----------|
| | Amount |
| 1c | 4,766,831 |
| 1d | 198,800 |
| 1e | 233,180 |
| 1f | 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.

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

(ii) related organizations

3a(i)

No

3a(ii)

No
- b

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

3b

No
- 4

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

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

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

| 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 |

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MARYVILLE ACADEMY

Employer identification number

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

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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ► | | | | | | |

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

[illegible]

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 |
|-----------------|----|--|--|----------------------------|-------------------------------|
| | | <u>ILPGA</u> (event type) | <u>GUARDIAN MEDALL</u> (event type) | <u>6</u> (total number) | (Add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 145,775 | 140,170 | 42,214 |
| | 2 | Less Charitable contributions | 37,600 | 26,900 | 31,896 |
| | 3 | Gross income (line 1 minus line 2) | 108,175 | 113,270 | 10,318 |
| 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 |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | 6,005 | | 6,005 |
| | 9 | Other direct expenses | 1,257 | 36,000 | 11,241 |
| | 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 | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 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 |
| b | An outside facility | 13b |

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 question 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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MARYVILLE ACADEMY

Employer identification number
36-2170873

Part I

Financial Assistance and Certain Other Community Benefits at Cost

| | | | |
|----|--|-----|----|
| | | Yes | No |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | Yes | |
| 1b | If "Yes," is it a written policy? | Yes | |
| 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 <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div> | | |
| 3 | Answer the following based on the 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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>1.70000 %</u></div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>2.10000 %</u></div> 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"? | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | Yes | |
| 5b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | No |
| 5c | 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? | | No |
| 6b | 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 | | |

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 % |
| Other Benefits | | | | | | |
| 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 IICommunity 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 |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing | | | | | | |
| 2Economic development | | | | | | |
| 3Community support | | | | | | |
| 4Environmental improvements | | | | | | |
| 5Leadership development and training for community members | | | | | | |
| 6Coalition building | | | | | | |
| 7Community health improvement advocacy | | | | | | |
| 8Workforce development | | | | | | |
| 9Other | | | | | | |
| 10Total | | | | | | |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | | |
|---|--|-----|-------|
| | | Yes | No |
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 5,200 |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy | 3 | |
| 4 | 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

| | | | |
|---|--|---|--|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | |
| 7 | Subtract line 6 from line 5. This is the surplus or (shortfall) | 7 | |
| 8 | 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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|----|--|----|-----|
| 9a | Does the organization have a written debt collection policy? | 9a | Yes |
| 9b | 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. | 9b | Yes |

Part IVManagement 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 % |
|--------------------|---|--|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Section A. Hospital Facilities

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

Schedule H (Form 990) 2010

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, 6i, 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 DISABILITIESMENTAL ILLNESS MENTAL ILLNESSSUBSTANCE ABUSE SOCIAL AND BEHAVIORAL DISORDERS AND PREGNANTPARENTING 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 HOSPITALTOHOME TRANSITIONAL PROGRAM FOR MEDICALLYFRAGILE 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)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
MARYVILLE ACADEMY

Employer identification number
36-2170873

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. ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| | | | | | | | |
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| | | | | | | | |

2

Enter total number of section 501(c)(3) and government organizations ▶

3

Enter total number of other organizations ▶

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

Open to Public Inspection

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.

| | |
|---|--|
| 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"/> Travel for companions | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <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 | 1b | |
| 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? | 2 | |
| 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 checked="" type="checkbox"/> Independent compensation consultant | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <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? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| 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? | 5a | No |
| b Any related organization? | 5b | No |
| 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? | 6a | No |
| b Any related organization? | 6b | No |
| 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 | 7 | No |
| 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 | 8 | No |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

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 IIISupplemental 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 HE PROVIDED TO MHDI CLIENTS WHILE THEY WERE IN THE PSYCHIATRIC UNIT AT MARYVILLE SCOTT NOLAN CENTER. |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

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

32a

No

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

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

Cat No 51227J

Schedule M (Form 990) 2010

Part III

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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

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.

OMB No 1545-0047

2010

Open to Public
Inspection

| | |
|---|--|
| Name of the organization MARYVILLE ACADEMY | Employer identification number 36-2170873 |
|---|--|

| Identifier | Return Reference | Explanation |
|------------------------|-----------------------------------|---|
| ORGANIZATION'S 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 | 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) |

| 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 AUXILLIARY BISHOP FOR THE CATHOLIC ARCHDIOCESE OF CHICAGO |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproporionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|--|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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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.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| | | | | | | | |
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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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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) | | | |

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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

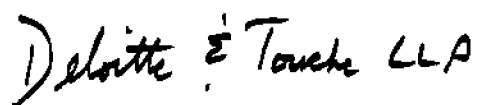
Board of Directors of
Maryville Academy

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 |
|--|----------------------|----------------------|
| ASSETS | | |
| 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> |
| LIABILITIES AND NET ASSETS | | |
| 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 |
| CHANGE IN NET ASSETS | | | | | | |
| 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 | 33,090,555 | - | 33,090,555 | 34,436,339 | - | 34,436,339 |
| 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 | 1,747,638 | (72,239) | 1,675,399 | 1,823,436 | (39,059) | 1,784,377 |
| Total revenues and support | 34,838,193 | (72,239) | 34,765,954 | 36,259,775 | (39,059) | 36,220,716 |
| 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 | 37,871,100 | - | 37,871,100 | 38,995,730 | - | 38,995,730 |
| 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 | 1,955,267 | - | 1,955,267 | 3,097,969 | - | 3,097,969 |
| Total expenses | 39,826,367 | - | 39,826,367 | 42,093,699 | - | 42,093,699 |
| 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 | 5,848,161 | (72,239) | 5,775,922 | 1,575,142 | (39,059) | 1,536,083 |
| NET ASSETS — Beginning of year | 68,405,514 | 585,945 | 68,991,459 | 66,830,372 | 625,004 | 67,455,376 |
| NET ASSETS — End of year | \$74,253,675 | \$ 513,706 | \$74,767,381 | \$68,405,514 | \$ 585,945 | \$68,991,459 |

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 |
| PROGRAM EXPENSES | | | | | | | | | | |
| 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 | 11,314,237 | 1,232,168 | 2,237,002 | 7,936,166 | 3,338,310 | 26,057,883 | 261,370 | 52,607 | 313,977 | 26,371,860 |
| SUPPORT EXPENSES | | | | | | | | | | |
| 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 | 749,450 | 141,830 | 55,359 | 627,297 | 107,368 | 1,681,304 | 27,732 | 5,201 | 32,933 | 1,714,237 |
| OCCUPANCY EXPENSES | | | | | | | | | | |
| 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 | 1,193,291 | 196,526 | 296,285 | 1,104,633 | 367,111 | 3,157,846 | 1,822,754 | 7,858 | 1,830,612 | 4,988,458 |
| ADMINISTRATIVE EXPENSES | | | | | | | | | | |
| 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 | 2,585,313 | 288,300 | 538,157 | 2,664,517 | 897,780 | 6,974,067 | (883,000) | 660,745 | (222,255) | 6,751,812 |
| TOTAL EXPENSES | \$ 15,842,291 | \$ 1,858,824 | \$ 3,126,803 | \$ 12,332,613 | \$ 4,710,569 | \$ 37,871,100 | \$ 1,228,856 | \$ 726,411 | \$ 1,955,267 | \$ 39,826,367 |

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 |
| PROGRAM EXPENSES | | | | | | | | | | |
| 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 | 12 354 093 | 1 173 671 | 1 982 679 | 7 564 227 | 3 243 061 | 26 317 731 | 378 686 | 58 247 | 436 933 | 26 754 664 |
| SUPPORT EXPENSES | | | | | | | | | | |
| 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 | 823 392 | 132 652 | 48 176 | 679 527 | 88 760 | 1 772 507 | 41 168 | 5 124 | 46 292 | 1 818 799 |
| OCCUPANCY EXPENSES | | | | | | | | | | |
| 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 | 1 554 926 | 164 386 | 321 143 | 1 157 903 | 413 126 | 3 611 484 | 1 565 293 | 17 529 | 1 582 822 | 5 194 306 |
| ADMINISTRATIVE EXPENSES | | | | | | | | | | |
| 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 | 2 879 644 | 240 297 | 364 948 | 2 692 907 | 1 116 212 | 7 294 008 | 370 647 | 661 275 | 1 031 922 | 8 325 930 |
| TOTAL EXPENSES | \$ 17 612 055 | \$ 1 711 006 | \$ 2 716 946 | \$ 12 094 564 | \$ 4 861 159 | \$ 38 995 730 | \$ 2 355 794 | \$ 742 175 | \$ 3 097 969 | \$ 42 093 699 |

See notes to financial statements

MARYVILLE ACADEMY

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

| | 2011 | 2010 |
|--|---------------------|---------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| 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> |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| 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 | <u>44,011</u> | <u>16,978</u> |
| Net cash (used in) provided by investing activities | <u>(1,311,924)</u> | <u>2,245,648</u> |
| NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS | 166,043 | (653,602) |
| 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> |
| SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION — Noncash additions to property and equipment | <u>\$ 184,935</u> | <u>\$ 3,442</u> |

See notes to financial statements

MARYVILLE ACADEMY

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

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 U.S. 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

| | 2011 | 2010 |
|-------------------------------|---------------------|---------------------|
| 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>\$ -</u> | <u>\$ -</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 | | 116,894 | | 116,894 |
| 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> |
| 2010 | | | | |
| Mutual funds | <u>\$ 28,441,611</u> | <u>\$ -</u> | <u>\$ -</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 | | 353,675 | | 353,675 |
| 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:

| | 2011 | 2010 |
|---------------------------------|---------------------|---------------------|
| 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

| | 2011 | 2010 |
|--|--------------------|--------------------|
| 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>\$4,662,051</u> | <u>\$4,159,759</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>\$4,732,451</u> | <u>\$4,766,831</u> |
| Funded status — end of year | <u>\$ 70,400</u> | <u>\$ 607,072</u> |
| Amounts recognized in the statements of financial position — prepaid postretirement benefits | <u>\$ 70,400</u> | <u>\$ 607,072</u> |

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

| | 2011 | 2010 |
|---|--------------------|---------------------|
| 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>\$ (90,632)</u> | <u>\$ (129,341)</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

| | 2011 | 2010 |
|---|-------------------|-------------------|
| 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>\$ 627,304</u> | <u>\$ 734,452</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

| | 2011 | 2010 |
|--|---------------------|-----------------------|
| 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

| | 2011 | 2010 |
|---|-------------|-------------|
| 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

| | 2011 | 2010 |
|---------------------------|--------------|--------------|
| 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

| Years Ending June 30 | Amount |
|---------------------------------|--------------------|
| 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

| 2011 | Level 1 | Level 2 | Level 3 | Total |
|-------------------------------|---------------------|---------------------|----------------|---------------------|
| Short-term investments | <u>\$ 360,032</u> | <u>\$ 840,570</u> | <u>\$ -</u> | <u>\$ 1,200,602</u> |
| 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> |
| 2010 | | | | |
| Short-term investments | <u>\$ 135,027</u> | <u>\$ 1,585,497</u> | <u>\$ -</u> | <u>\$ 1,720,524</u> |
| 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

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

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

| | Residential | | | | | Shelter Care | | | Specialized Programs | | | | | |
|--|-------------|-------------|-------------|-------------|------------------------------|------------------------------|----------------------|-----------------------------|----------------------|--------------------|-------------------------------|----------------|----------------------|--------|
| | Casa Salama | St. George | Farm Campus | Casa Imani | Residential Treatment Center | Mentally Ill Substance Abuse | St. Martin de Porres | Total Residential Treatment | Madden Shelter | Total Shelter Care | Children's Health Care Center | Crisis Nursery | Specialized Programs | Total |
| REVENUE AND SUPPORT | | | | | | | | | | | | | | |
| Revenues | | | | | | | | | | | | | | |
| Department of Children and Family Services | \$3,184,175 | \$3,621,220 | \$ - | \$2,287,187 | \$3,749,770 | \$ - | \$812,947 | \$13,655,299 | \$ 853,316 | \$ 853,316 | \$ - | \$ - | \$ - | \$ - |
| Department of Human Services | 5,621 | 4,452 | | 2,700 | 10,353 | 621,741 | 164 | 23,863 | - | - | 1,542,358 | - | 1,542,358 | - |
| Department of Healthcare and Family Services | | | | | 38,428 | 573 | | 38,428 | - | - | - | - | - | - |
| Federal Lunch Program | 326,914 | | | | | | | 334,435 | - | - | - | - | - | - |
| Other government programs | 563 | | | 563 | | | | 1,126 | - | - | - | - | - | - |
| Rent | 13,028 | | | 817 | 64,893 | 25,119 | 26 | 38,147 | - | - | 853 | 19,730 | 853 | - |
| Interest, dividends, net realized loss, and unrealized gains | 2,425 | 540 | 615 | | | 16,199 | | 85,515 | 512 | 512 | 75,917 | - | 75,917 | 95,647 |
| Other | | | | | | | | | | | | | | |
| Total revenues | 3,532,726 | 3,626,212 | 8,136 | 2,291,267 | 3,863,444 | 663,632 | 813,137 | 14,798,554 | 853,828 | 853,828 | 1,626,128 | 19,730 | 1,645,858 | |
| Support | | | | | | | | | | | | | | |
| Donated goods and services | 349 | 268 | | | | 1,344 | 100 | 2,061 | | - | 3,171 | 20,241 | 23,412 | |
| Contributions and bequests | 52,050 | 50 | | 1,238 | | 1,930 | | 55,268 | 220 | 220 | 1,000 | 231,832 | 232,832 | |
| Special events | | | | | | | | - | | - | | 83,297 | 83,297 | |
| Net assets released from restrictions | 128,379 | | | | | | | 128,379 | | - | | 210,328 | 210,328 | |
| Total support | 180,778 | 318 | - | 1,238 | | 3,274 | 100 | 185,708 | 220 | 220 | 4,171 | 545,698 | 549,869 | |
| Total revenue and support | 3,713,504 | 3,626,530 | 8,136 | 2,292,505 | 3,863,444 | 666,906 | 813,237 | 14,984,262 | 854,048 | 854,048 | 1,630,299 | 565,428 | 2,195,727 | |
| EXPENSES | | | | | | | | | | | | | | |
| 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 | 826,179 | 1,196,392 | 389,771 | 1,586,163 | |
| Program clerical and staff salaries | 39,522 | 26,086 | 5,190 | 30,388 | 38,800 | 5,520 | | 145,506 | 38,518 | 38,518 | 20,977 | 16,855 | 37,832 | |
| Program payroll taxes and fringe benefits | 604,259 | 519,351 | (2,624) | 360,630 | 497,402 | 74,499 | 165,808 | 2,219,325 | 272,641 | 272,641 | 322,551 | 129,176 | 451,277 | |
| Program consultants | 189 | | | 324 | 41,535 | 7,564 | 933 | 50,545 | 115 | 115 | 24,119 | | 24,119 | |
| Consumer wages and fringe benefits | 3,288 | 995 | 67 | 1,987 | | | | 6,337 | 26 | 26 | | | - | |
| Medicine and drugs | 6,659 | 3,393 | | 1,145 | 7,304 | 2,684 | 1,267 | 22,452 | 863 | 863 | 10,842 | 231 | 11,073 | |
| All other direct service equipment and supplies | 2,214 | 1,294 | | 6761 | 2,653 | 147 | 73 | 13,142 | 2,113 | 2,113 | 3,526 | 4,181 | 7,707 | |
| Staff transportation | 12,026 | 8,272 | 1,900 | 1,139 | 3,547 | 2,001 | 1,183 | 30,068 | 5,353 | 5,353 | 1,276 | 795 | 2,071 | |
| Client transportation | 57,393 | 58,651 | 475 | 49,480 | 23,157 | 4,942 | 7,344 | 201,442 | 30,307 | 30,307 | 6,588 | 5,168 | 11,566 | |
| Direct service staff conferences and conventions | 2,149 | 815 | | 727 | 8,010 | 190 | | 11,891 | 435 | 435 | 2,631 | 130 | 2,761 | |
| Program insurance | 44,616 | 44,086 | 1,004 | 30,030 | 47,589 | 15,659 | 13,932 | 196,916 | 25,181 | 25,181 | 49,036 | 14,985 | 64,021 | |
| Direct client-specific assistance | 78,245 | 83,325 | 182 | 50,478 | 75,596 | 1,253 | 6,464 | 295,543 | 19,236 | 19,236 | 1,031 | 293 | 1,324 | |
| Telecommunication costs assigned to program | 787 | 1,693 | 2,334 | 8,164 | 2,854 | 1,818 | 963 | 25,613 | 11,047 | 11,047 | 5387 | 5,928 | 11,315 | |
| Other | 2,303 | 252 | | 1,805 | 1,923 | 1,356 | 690 | 8,329 | 154 | 154 | 5,071 | 20,062 | 25,133 | |
| Total program expenses | 2,830,656 | 2,711,230 | 54,241 | 1,714,208 | 2,683,754 | 614,075 | 7,060,737 | 11,314,237 | 1,232,168 | 1,232,168 | 1,649,427 | 587,575 | 2,237,002 | |

(Continued)

MARYVILLE ACADEMY

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

| | Residential | | | | | Shelter Care | | Specialized Programs | | | | | | |
|---|-------------|-------------|-------------|-------------|------------------------------|------------------------------|---------------------|-----------------------------|----------------|--------------------|-------------------------------|----------------|----------------------|-------|
| | Casa Salama | St George | Farm Campus | Casa Imani | Residential Treatment Center | Mentally Ill Substance Abuse | St Martin de Porres | Total Residential Treatment | Madden Shelter | Total Shelter Care | Children's Health Care Center | Crisis Nursery | Specialized Programs | Total |
| EXPENSES (Continued) | | | | | | | | | | | | | | |
| Support expenses | | | | | | | | | | | | | | |
| Support salaries | \$ - | \$ 2 185 | \$ - | \$ - | \$ 171 403 | \$ - | \$ - | \$ 173 588 | \$ 58 602 | \$ 58 602 | \$ 6 550 | \$ 6 549 | \$ 13 099 | |
| Support payroll taxes and fringe benefits | | 49 | | | 62 762 | | | 62 811 | 13 922 | 13 922 | 1 210 | 1 210 | 2 420 | |
| Dietary supplies | 83 107 | 97 831 | 344 | 66 301 | 123 401 | 29 116 | 23 892 | 423 992 | 59 252 | 59 252 | 4 630 | 13 241 | 17 871 | |
| Housekeeping and laundry supplies | 13 422 | 16 780 | | 10 963 | 18 106 | 2 646 | 4 633 | 66 550 | 8 996 | 8 996 | 4 514 | 3 761 | 8 275 | |
| Other | 1 257 | | 125 | 1 033 | 20 094 | | | 22 509 | 1 058 | 1 058 | 12 696 | 998 | 13 694 | |
| Total support expenses | 97 786 | 116 845 | 469 | 78 297 | 395 766 | 31 762 | 28 525 | 749 450 | 141 830 | 141 830 | 29 600 | 25 759 | 55 359 | |
| Occupancy expenses | | | | | | | | | | | | | | |
| Occupancy salaries | 28 983 | 11 900 | 4 623 | 30 955 | 24 577 | | | 101 038 | 36 644 | 36 644 | 24 164 | 24 194 | 48 358 | |
| Occupancy payroll taxes and fringe benefits | 6 165 | 6 190 | 896 | 7 692 | 8 977 | | 551 | 30 471 | 14 329 | 14 329 | 9 405 | 9 390 | 18 795 | |
| Building and equipment operations and maintenance | 92 854 | 111 615 | 5 638 | 68 923 | 173 773 | 17 518 | 53 039 | 523 360 | 84 988 | 84 988 | 74 287 | 63 238 | 137 525 | |
| Depreciation | 55 374 | 76 987 | 709 | 33 404 | 240 496 | 37 231 | 6 681 | 450 882 | 21 595 | 21 595 | 23 991 | 44 622 | 68 613 | |
| Vehicle rent | | | | | 340 | | | 340 | | | | | | |
| All other leases/rent taxes | | | | | | | | | | | | | | |
| Equipment | 2 601 | 3 992 | | 3 060 | 1 577 | 805 | 3 152 | 15 187 | 847 | 847 | 2 621 | 1 724 | 4 345 | |
| Other | 29 554 | 6 623 | 120 | 24 649 | 7 233 | 2 084 | 1 750 | 72 013 | 38 123 | 38 123 | 9 018 | 9 631 | 18 649 | |
| Total occupancy expenses | 215 531 | 217 307 | 11 986 | 168 683 | 456 973 | 57 638 | 65 173 | 1 193 291 | 196 526 | 196 526 | 143 486 | 152 799 | 296 285 | |
| Administrative expenses | | | | | | | | | | | | | | |
| Administrative salaries | 532 | 532 | | 532 | 27 513 | | 8 433 | 37 542 | 7 873 | 7 873 | 41 321 | | 41 321 | |
| Administrative payroll taxes and fringe benefits | 592 | 586 | | 586 | 14 182 | | | 15 946 | 7 790 | 7 790 | 6 606 | | 6 606 | |
| Administrative consultants | | | | | | | | | | | 94 342 | | 94 342 | |
| Telecommunication costs not assigned to program | 8 056 | 1 654 | 842 | 5 843 | 12 725 | 276 | 538 | 29 934 | 9 105 | 9 105 | 5 718 | 5 226 | 10 944 | |
| Office supplies and equipment | 4 811 | 3 117 | | 3 047 | 9 886 | 762 | 2 825 | 24 448 | 2 776 | 2 776 | 1 720 | 787 | 2 507 | |
| Allocation of management and general | 569 186 | 629 847 | 13 | 331 694 | 601 671 | 160 497 | 131 853 | 2 424 761 | 260 444 | 260 444 | 257 796 | 114 918 | 372 714 | |
| Other | 1 745 | 2 893 | 448 | 1 333 | 5 676 | 39 542 | 1 045 | 52 682 | 312 | 312 | 5 108 | 4 615 | 9 723 | |
| Total administrative expenses | 584 922 | 638 629 | 1 303 | 343 035 | 671 653 | 201 077 | 144 694 | 2 585 313 | 288 300 | 288 300 | 412 611 | 125 546 | 538 157 | |
| Total expenses | 3 728 895 | 3 684 011 | 67 999 | 2 304 223 | 4 208 146 | 904 552 | 944 465 | 15 842 291 | 1 858 824 | 1 858 824 | 2 235 124 | 891 679 | 3 126 803 | |
| NET (DEFICIT) SURPLUS | \$ (15 391) | \$ (57 481) | \$ (59 863) | \$ (117 18) | \$ (344 702) | \$ (237 646) | \$ (131 228) | \$ (888 029) | \$ (1 004 776) | \$ (1 004 776) | \$ (604 825) | \$ (326 251) | \$ (931 076) | |

(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 | |
| REVENUE AND SUPPORT | | | | | | | | | | | |
| Revenues | | | | | | | | | | | |
| Department of Children and Family Services | \$ 87,600 | \$ 87,600 | \$ - | \$ - | \$ - | \$ - | \$14,596,215 | \$ - | \$ - | \$ - | \$14,596,215 |
| Department of Human Services | - | - | - | - | - | - | 621,741 | - | - | - | 621,741 |
| Department of Healthcare and Family Services | 11,246,333 | 11,246,333 | - | - | - | - | 12,825,679 | - | - | - | 12,825,679 |
| Federal Lunch Program | 37,186 | 37,186 | - | - | - | - | 75,614 | - | - | - | 75,614 |
| Other government programs | 19,853 | 19,853 | - | - | - | - | 3,042,507 | - | - | - | 3,042,507 |
| Rent | - | - | - | - | - | - | 167,649 | 380,839 | - | 380,839 | 548,488 |
| Interest, dividends, net realized loss, and unrealized gains | 11,244 | 11,244 | - | - | - | - | 57,244 | 11,406,397 | - | 11,406,397 | 11,463,641 |
| Other | 952,925 | 952,925 | 24,059 | 10,159 | 10,543 | 44,761 | 1,166,235 | 207,579 | 6,497 | 214,076 | 1,380,311 |
| Total revenues | 12,355,141 | 12,355,141 | 24,059 | 176,682 | 2,698,762 | 2,899,503 | 32,552,884 | 11,994,815 | 6,497 | 12,001,312 | 44,554,196 |
| Support | | | | | | | | | | | |
| Donated goods and services | 701 | 701 | 270 | 790 | 2,180 | 1,060 | 27,234 | - | 36,803 | 36,803 | 64,037 |
| Contributions and bequests | 550 | 550 | 11,295 | 27,831 | - | 41,306 | 330,176 | - | 953,027 | 953,027 | 1,283,203 |
| Special events | - | - | - | 51,550 | - | 51,550 | 134,847 | - | 193,312 | 193,312 | 328,159 |
| Net assets released from restrictions | - | - | - | 1,895 | 648 | 2,543 | 341,250 | - | (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 | 46,229,595 |
| EXPENSES | | | | | | | | | | | |
| 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 |
| Program clerical and staff salaries | 190,180 | 190,180 | - | - | 72,761 | 72,761 | 484,797 | - | - | - | 484,797 |
| Program payroll taxes and fringe benefits | 1,147,865 | 1,147,865 | 10,492 | 31,031 | 543,092 | 584,615 | 4,676,173 | 27,439 | - | 27,439 | 4,703,612 |
| Program consultants | 203,687 | 203,687 | 2,460 | - | 48,394 | 50,854 | 329,320 | - | - | - | 329,320 |
| Consumer wages and fringe benefits | - | - | - | 271 | 34,505 | 34,776 | 41,139 | - | - | - | 41,139 |
| Medicine and drugs | 1,596,230 | 1,596,230 | - | - | 695 | 695 | 1,631,313 | - | - | - | 1,631,313 |
| All other direct service equipment and supplies | 11,068 | 11,068 | 1,134 | 34 | 35,566 | 36,734 | 70,764 | - | - | - | 70,764 |
| Staff transportation | 3,118 | 3,118 | 5,655 | 3,766 | 489 | 9,910 | 50,520 | 13,461 | - | 13,461 | 63,981 |
| Client transportation | 20,881 | 20,881 | 16 | 9,158 | 7,810 | 16,984 | 281,370 | 90,217 | 385 | 90,602 | 371,972 |
| Direct service staff conferences and conventions | 16,426 | 16,426 | (86) | 512 | 3,182 | 3,608 | 35,121 | 49,698 | 135 | 49,833 | 84,954 |
| Program insurance | 323,973 | 323,973 | 708 | 2,275 | 45,155 | 48,138 | 658,229 | 49,481 | 4,953 | 54,434 | 712,663 |
| Direct client-specific assistance | 5,155 | 5,155 | 151,318 | 915 | 2,949 | 155,182 | 476,440 | 1,625 | 8,498 | 10,123 | 486,563 |
| Telecommunication costs assigned to program | 4,600 | 4,600 | - | 1,550 | 703 | 2,253 | 54,828 | 7,775 | - | 7,775 | 62,603 |
| Other | 756 | 756 | 268,891 | 8,466 | 10,733 | 288,090 | 322,462 | 150 | 38,636 | 38,786 | 361,248 |
| Total program expenses | 7,936,166 | 7,936,166 | 479,635 | 168,205 | 2,690,470 | 3,338,310 | 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 | Community Outreach | Recreation & Sports Complex | Jen School | Recreation/ Education/ Outreach | | Management & General | Development | Total Supporting Services | |
| 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 | 715 658 |
| Housekeeping and laundry supplies | 34 622 | 34 622 | | 2 813 | 4 119 | 6 932 | 125 375 | 7 601 | | 7 601 | 132 976 |
| Other | 54 604 | 54 604 | | 125 | 217 | 342 | 92 207 | 6 089 | | 6 089 | 98 296 |
| Total support expenses | 627 297 | 627 297 | 1 036 | 5 989 | 100 343 | 107 368 | 1 681 304 | 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 | 242 800 | 707 | 243 507 | 499 053 |
| Occupancy payroll taxes and fringe benefits | 24 395 | 24 395 | | 16 | 234 | 250 | 88 240 | 74 809 | | 74 809 | 163 049 |
| Building and equipment operations and maintenance | 414 966 | 414 966 | 5 978 | 191 661 | 78 407 | 276 046 | 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 | (182) | 2 665 | 3 289 | 680 | 8 742 | 58 | 8 742 | 9 422 |
| Equipment | 1 559 | 1 559 | 806 | (45 790) | 51 562 | 5 772 | 25 227 | 19 729 | | 19 787 | 45 014 |
| Other | 20 617 | 20 617 | | | | | 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 | 3 157 846 | 1 822 754 | 7 858 | 1 830 612 | 4 988 458 |
| 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 |
| 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 | 952 134 | 952 134 | 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 | 3 591 676 | 4 710 569 | 37 871 100 | 1 856 162 | 726 411 | 2 582 573 | 40 453 673 |
| NET SURPLUS (DEFICIT) | \$ 23 779 | \$ 23 779 | \$ (473 242) | \$ (351 279) | \$ (890 086) | \$ (1 714 607) | \$ (4 484 709) | \$ (10 138 653) | \$ (21 978) | \$ (10 260 631) | \$ 5 775 922 |

(Continued)