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Form 990

Return of Organization Exempt From Income Tax

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

MARYVILLE ACADEMY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

1150 NORTH RIVER ROAD

City or town, state or country, and ZIP + 4

DES PLAINES, IL 60016

F Name and address of principal officer

SISTER CATHERINE RYAN
1150 NORTH RIVER ROAD
DES PLAINES, IL 60016

D Employer identification number

36-2170873

E Telephone number

(847) 294-1944

G Gross receipts \$ 56,197,454

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for
affiliates? Yes NoH(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► WWW.MARYVILLEACADEMY.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1883

M State of legal domicile IL

Part I Summary

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

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

3 16

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 16

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 597

6 Total number of volunteers (estimate if necessary)

6 779

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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,443,636	1,977,975
9	Program service revenue (Part VIII, line 2g)	32,004,022	36,696,687
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,593,147	1,786,134
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,130,745	749,786
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,171,550	41,210,582

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	476,441	487,740
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)	27,593,942	28,703,088
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 736,800		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,195,737	13,495,607
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	40,266,120	42,686,435
19	Revenue less expenses Subtract line 18 from line 12	-4,094,570	-1,475,853

	Beginning of Current Year	End of Year
20	83,237,551	80,303,012
21	8,470,170	8,170,731
22	74,767,381	72,132,281

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer NORMAN JOYCE CHIEF FINANCIAL OFFICER Type or print name and title	2013-05-15 Date
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Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date Check if self- employed ►	Preparer's taxpayer identification number (see instructions)
			EIN ► Phone no ►

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

Part III Statement of Program Service AccomplishmentsCheck 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 OUR CHILDREN 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

 Yes No**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

 Yes No**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**

4a (Code) (Expenses \$ 14,374,278 including grants of \$ 19,572) (Revenue \$ 14,818,433)

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 \$ 14,720,500 including grants of \$ 290,634) (Revenue \$ 13,502,253)

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 117 YOUTHS IN PLACEMENTS AT ANY ONE TIME

4c (Code) (Expenses \$ 3,206,949 including grants of \$ 160) (Revenue \$ 2,835,108)

EDUCATIONAL THE MARYVILLE JEN SCHOOL (GRADES 7 TO 12) SERVES 50 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

(Code) (Expenses \$ 7,098,480 including grants of \$ 183,720) (Revenue \$ 5,915,234)

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 FOR 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 7,098,480, INCLUDING GRANTS OF 183,720) (REVENUES 5,915,234)

4d Other program services (Describe in Schedule O)

(Expenses \$ 7,098,480 including grants of \$ 183,720) (Revenue \$ 5,915,234)

4e Total program service expenses \$ 39,400,207

Part IV Checklist of Required Schedules

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

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

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

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

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

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

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

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

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

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

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.

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

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

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

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

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25		24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
24d	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? If "Yes," complete Schedule L, Part I		25a		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a		No
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b		No
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35a		No
35b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	74
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	597
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
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 or securities 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).	7a	Yes
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?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	No
9	Sponsoring organizations maintaining donor advised funds.	9b	No
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	Section 501(c)(12) organizations. Enter	12a	
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?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the aggregate amount of reserves on hand		
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

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 16

b Enter the number of voting members included in line 1a, above, who are independent **1b** 16

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

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

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

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

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

a The governing body?

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

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

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

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

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

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

b Describe in Schedule O the process, if any, used by the organization to review the Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

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

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

13 Did the organization have a written whistleblower policy?

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

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

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

b Other officers or key employees of the organization

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

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee			
(1) CHERYL HEYDEN ASSOC EX D	51.00	X		X			115,818	0	12,246
(2) MONSIGNOR MICHAEL BOLAND DIRECTOR	4.00	X					0	41,204	701
(3) BISHOP GEORGE RASSAS DIRECTOR	1.00	X					0	40,544	5,982
(4) GEORGE ROURKE DIRECTOR	1.00	X					0	0	0
(5) AGNES PISZCZEK DIRECTOR	1.00	X					0	0	0
(6) DAVID A BONOMA DIRECTOR	1.00	X					0	0	0
(7) AURORA ABELLA - AUSTRIACO DIRECTOR	1.00	X					0	0	0
(8) RICHARD DEVINE CHAIRMAN	1.00	X					0	0	0
(9) BRIAN T MCCORMACK DIRECTOR	1.00	X					0	0	0
(10) DIANE GERAGHTY VICE CHAIRPE	1.00	X					0	0	0
(11) LOUIS GLUNZ PHD DIRECTOR	1.00	X					0	0	0
(12) MICHAEL GOLDEN DIRECTOR	1.00	X					0	0	0
(13) ANDREW LOTTS CPA TREASURER	1.00	X					0	0	0
(14) PATRICK SHEA DIRECTOR	1.00	X					0	0	0
(15) RICK VELASQUEZ SECRETARY	1.00	X					0	0	0
(16) MICHAEL J MUNRO DIRECTOR	1.00	X					0	0	0
(17) MELANIE PETTAWAY 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 (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director Or individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) SISTER CATHERINE RYAN EXECUTIVE DI	60 00	X		X			0	0	5,010
(19) TIMOTHY MORGAN DIR OF FINC	44 00			X			138,050	0	7,606
(20) SHIRAZ MAHMUD BUTT MD MEDICAL DIRE	45 00				X		270,889	0	25,048
(21) LAUREN SHIN HAYDUNG MD PSYCHIATRIST	38 00				X		218,409	0	15,783
(22) MARK FRIEDMAN MD PSYCHIATRIST	50 00				X		172,297	0	24,165
(23) JILL ROEMER CHIEF CLINIC	44 00				X		120,532	0	12,323
(24) BARBARA TWARDOWSKA PSYCHIATRIST	20 00				X		112,346	0	6,097
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							1,148,341	81,748	114,961

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►11**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization **►4**

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	97,095			
	d Related organizations 1d				
	e Government grants (contributions) 1e	235,000			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,645,880			
	g Noncash contributions included in lines 1a-1f \$ 148,575				
	h Total. Add lines 1a-1f ►	1,977,975			
Program Service Revenue	2a GOVERNMENT FEES	Business Code	900099	36,061,911	36,061,911
	b INSURANCE & OTHER PROG REV		900099	634,776	634,776
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ►		36,696,687		
	3 Investment income (including dividends, interest and other similar amounts) ►				
4 Income from investment of tax-exempt bond proceeds ►		1,798,136		1,798,136	
5 Royalties ►					
6a Gross rents	(I) Real	(II) Personal			
b Less rental expenses	428,502				
c Rental income or (loss)	428,502				
d Net rental income or (loss) ►		428,502	176,073		252,429
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	14,576,206	163,171			
c Gain or (loss)	14,674,740	76,639			
d Net gain or (loss) ►	-98,534	86,532	-12,002	-12,002	
8a Gross income from fundraising events (not including \$ <u>97,095</u> of contributions reported on line 1c) See Part IV, line 18	a	253,389			
b Less direct expenses b	235,493				
c Net income or (loss) from fundraising events ►		17,896			17,896
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			162,693	162,693	
b OTHER INCOME/INS PROCEEDS			100,569		100,569
c THRIFT SHOP			40,126	40,126	
d All other revenue					
e Total. Add lines 11a-11d ►		303,388			
12 Total revenue. See Instructions ►		41,210,582	37,063,577		2,169,030

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	487,740	487,740		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	345,459		345,459	
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	22,697,335	19,790,204	2,610,989	296,142
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	968,359	854,166	99,717	14,476
9 Other employee benefits	2,945,905	2,573,234	328,932	43,739
10 Payroll taxes	1,746,030	1,508,033	216,520	21,477
11 Fees for services (non-employees)				
a Management	188,382		85,182	103,200
b Legal	140,305	12,220	128,085	
c Accounting	142,500		142,500	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees	77,924		77,924	
g Other	975,849	854,281	16,866	104,702
12 Advertising and promotion	65,818	23,459	15,805	26,554
13 Office expenses	517,265	360,490	124,329	32,446
14 Information technology	294,355		294,355	
15 Royalties				
16 Occupancy	2,628,854	1,907,594	713,632	7,628
17 Travel	446,827	338,163	108,664	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	91,292	32,661	58,260	371
20 Interest				
21 Payments to affiliates	275,042	275,042		
22 Depreciation, depletion, and amortization	1,624,059	1,161,617	462,188	255
23 Insurance	779,424	740,558	35,203	3,663
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	1,370,139	1,370,139		
b HFS HOSPITAL ASSESSMENT	1,209,170	1,209,170		
c POST RETIREMENT BENEFITS	988,433		988,433	
d DIETARY SUPPLIES	766,549	745,498	17,101	3,950
e				
f All other expenses	913,420	5,155,938	-4,320,715	78,197
25 Total functional expenses. Add lines 1 through 24f	42,686,435	39,400,207	2,549,429	736,800
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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	90,878	1 70,511
	2 Savings and temporary cash investments	2,145,536	2 2,969,802
	3 Pledges and grants receivable, net	41,694	3 116,907
	4 Accounts receivable, net	5,671,568	4 6,034,716
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	165,210	8 184,264
	9 Prepaid expenses and deferred charges	172,629	9 156,042
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	48,892,237
	b Less accumulated depreciation	10b	38,013,556
		11,319,349	10c 10,878,681
	11 Investments—publicly traded securities	37,440,989	11 36,382,671
	12 Investments—other securities See Part IV, line 11	21,736,086	12 21,129,535
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	4,453,612	15 2,379,883
	16 Total assets. Add lines 1 through 15 (must equal line 34)	83,237,551	16 80,303,012
Liabilities	17 Accounts payable and accrued expenses	8,217,352	17 7,974,278
	18 Grants payable	18	
	19 Deferred revenue	51,676	19 83,954
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	112,499
	26 Total liabilities. Add lines 17 through 25	8,470,170	26 8,170,731
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	74,253,675	27 71,450,617
	28 Temporarily restricted net assets	513,706	28 681,664
	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	74,767,381	33 72,132,281
	34 Total liabilities and net assets/fund balances	83,237,551	34 80,303,012

Part XI Reconciliation of Net AssetsCheck 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	41,210,582
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,686,435
3	Revenue less expenses Subtract line 2 from line 1	3	-1,475,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,767,381
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,159,247
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	72,132,281

Part XII Financial Statements and ReportingCheck 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?		2a
2b Were the organization's financial statements audited by an independent accountant?	2b Yes	No
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		2c 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?	3a 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	3b Yes	

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service
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 **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►
b 33 1/3% support test—2010. If the organization did not check 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—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	►

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	27,732,559	1,863,956	1,518,449	1,443,636	1,977,975	34,536,575
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	2,110,367	34,195,621	34,480,971	33,134,776	37,410,682	141,332,417
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	29,842,926	36,059,577	35,999,420	34,578,412	39,388,657	175,868,992
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)						175,868,992

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	29,842,926	36,059,577	35,999,420	34,578,412	39,388,657	175,868,992
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,041,077	1,784,165	1,487,857	2,240,555	2,050,565	10,604,219
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,041,077	1,784,165	1,487,857	2,240,555	2,050,565	10,604,219
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)	32,884,003	37,843,742	37,487,277	36,818,967	41,439,222	186,473,211
14 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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	94 310 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	93 270 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	6 000 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	7 000 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

2011

Open to Public
Inspection**SCHEDULE D**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

MARYVILLE ACADEMY

Employer identification number

36-2170873

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

► \$ _____

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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	4,732,451
1d	137,843
1e	-246,757
1f	4,623,537

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

(i) unrelated organizations	Yes	No
---------------------------------------	-----	----

(ii) related organizations	Yes	No
--------------------------------------	-----	----

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,601,204			1,601,204
b Buildings		38,924,182	31,117,787		7,806,395
c Leasehold improvements				2,345	-2,345
d Equipment		8,233,060	6,804,428		1,428,632
e Other		133,791		88,996	44,795
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					10,878,681

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) US GOV AGENCIES, BONDS & CORP SEC	21,129,535	F
Total (Column (b) should equal Form 202, Part X, col (B) (See 12.)	21,129,535	

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) **21,129,535**

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

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

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

Total (Column (b) should equal Form 200, Part X, col. (B) line 15.)

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

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	41,210,582
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,686,435
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,475,853
4	Net unrealized gains (losses) on investments	4	-1,159,247
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	-1,159,247
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,635,100

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	40,286,828
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,159,247
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	235,493
e	Add lines 2a through 2d	2e	-923,754
3	Subtract line 2e from line 1	3	41,210,582
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	41,210,582

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

1	Total expenses and losses per audited financial statements	1	42,921,928
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	235,493
e	Add lines 2a through 2d	2e	235,493
3	Subtract line 2e from line 1	3	42,686,435
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	42,686,435

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 AND DENTAL BENEFITS FOR QUALIFIED 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, 2012.
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	DURING FISCAL 2010, MARYVILLE EVALUATED ITS UNCERTAIN TAX POSITION 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. MARYVILLE CONTINUES TO FOLLOW THE SAME TAX POSITION AND HAD NO INCOME TAX LIABILITY DURING FISCAL 2012.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENTS 235,493 SPECIAL EVENTS -235,493
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS 235,493
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENTS 235,493

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**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.

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>GUARDIAN MEDALL</u> (event type)	<u>ILPGA</u> (event type)	5 (total number)	
Revenue	1 Gross receipts . . .	172,279	107,315	70,890	350,484
	2 Less Charitable contributions . . .	31,400	36,400	29,295	97,095
	3 Gross income (line 1 minus line 2) . . .	140,879	70,915	41,595	253,389
Direct Expenses	4 Cash prizes . . .			1,671	1,671
	5 Non-cash prizes . . .	49,163	5,646	512	55,321
	6 Rent/facility costs . . .	58,486	52,345	22,369	133,200
	7 Food and beverages . . .				
	8 Entertainment . . .	6,005			6,005
	9 Other direct expenses . . .	19,050	3,932	16,314	39,296
	10 Direct expense summary Add lines 4 through 9 in column (d)				(235,493)
	11 Net income summary Combine lines 3 and 10 in column (d)				17,896

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

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

b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

13a	
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 questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

2011

Open to Public
InspectionSCHEDULE H
(Form 990)Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.Name of the organization
MARYVILLE ACADEMYEmployer identification number
36-2170873

Part I Charity Care and Certain Other Community Benefits at Cost

1a Did the organization have a charity care policy? If "No," skip to question 6a

b If "Yes," is it a written policy?

2 If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

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

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year

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

100% 150% 200% Other 1.70000 %

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

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

c If the organization did 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 policy provide free or discounted care to the "medically indigent"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's charity care expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Did the organization prepare a community benefit report during the tax year?

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

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)			14,307,960	14,028,799	279,161	0 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			14,307,960	14,028,799	279,161	0 020 %
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 for community benefit (from Worksheet 8)						
j Total Other Benefits						
k Total. Add lines 7d and 7j			14,307,960	14,028,799	279,161	0 020 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

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 **2** 66,317

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy **3** 66,317

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

 Cost accounting system

 Cost to charge ratio

 Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? **9a** Yes

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes

Part IV Management Companies and Joint Ventures (see instructions)

	(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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

Name and address

Other (Describe)

Part V Facility Information (continued)**Section B. Facility Policies and Practices.**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

MARYVILLE ACADEMY

Name of Hospital Facility: _____**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** _____ 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply)		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
d <input type="checkbox"/> Participation in community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes
If "Yes," indicate the FPG family income limit for eligibility for free care <u>210</u> 0%		
If "No," explain in Part VI the criteria the hospital facility used		

Part V Facility Information (continued)

	Yes	No
10 Used FPG to determine eligibility for providing discounted care?	10 Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>210 0%</u> If "No," explain in Part VI the criteria the hospital facility used		
11 Explained the basis for calculating amounts charged to patients?	11 Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)		
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12 Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	13 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site		
b <input checked="" type="checkbox"/> The policy was attached to all billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available upon request		
g <input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections		
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14 Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments or arrests		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16 No	
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)		
a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued)**Policy Relating to Emergency Medical Care**

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
18		No

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

20		No
21		No

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?

If "Yes," explain in Part VI

Part V Facility Information (continued)**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size 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	
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 descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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	ALTHOUGH MARYVILLE SCOTT NOLAN CENTER DOES NOT PUBLISH A COMMUNITY BENEFIT REPORT MARYVILLE DOES REPORT COMMUNITY BENEFITS ANNUALLY TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH AND 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 2012 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 66317THE 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

Schedule H (Form 990) 2011

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 HOSPITAL'S 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 LAKE COUNTY AND WINNEBAGO COUNTY APPROXIMATELY 92 OF THE PATIENTS SERVED HAVE MEDICAID

Schedule H (Form 990) 2011

Identifier	Return Reference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	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 SURPLUS GENERATED BY THE HOSPITAL IS USED TO FUND OTHER SOCIAL SERVICES PROGRAMS OPERATED BY MARYVILLE ACADEMY SOME OF THESE OTHER PROGRAMS ARE RESIDENTIAL PROGRAMS FOR CHILDREN WITH INTELLECTUAL DISABILITIES MENTAL ILLNESS MENTAL ILLNESS SUBSTANCE ABUSE SOCIAL AND BEHAVIORAL DISORDERS AND PREGNANT PARENTING TEENS WITH MENTAL ILLNESS OTHER PROGRAMS INCLUDE A CRISIS NURSERY FREE TO THE PUBLIC FOR FAMILIES NEEDING TEMPORARY SHELTER FOR CHILDREN UNDER SEVEN YEARS OF AGE DURING EMERGENCIES A HOSPITAL TO HOME TRANSITIONAL PROGRAM FOR MEDICALLY FRAGILE CHILDREN ALL OF WHOM USE MEDICAID AS THEIR PAYOR AND A SHELTER FOR TEENAGE GIRLS MANY OF WHOM ARE PREGNANT OR PARENTING TEENS ANOTHER COMMUNITY PROGRAM INCLUDES THE CATHOLIC YOUTH ORGANIZATION CYO THIS PROGRAM SUBSIDIZED BY MARYVILLE ACADEMY ALLOWS TEENS NOT ON THEIR SCHOOLS SPORTS TEAMS TO PARTICIPATE IN ORGANIZED GAMES THE PROGRAM OPERATES IN SEVERAL ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THE CHICAGO AREA

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - HS	16	71,655			
SCHOLARSHIPS - COLLEGE	8	64,728			
YOUTH ALLOWANCE	267	86,843			
OTHER ASST TO YOUTH	142		84,851	FMV	BEAUTY/HYGIENE
NONCASH	267		88,354	FMV	CLOTHING
NONCASH	267		47,948	FMV	GIFTS
ENTERTAINMENT	267		39,117	FMV	TICKETS
YOUTH DUES AND FEES	267	4,244			

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

OMB No 1545-0047

2011Department of the Treasury
Internal Revenue Service

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

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

36-2170873

Part I Questions Regarding Compensation

Yes

No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

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

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

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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
RELATED ORG METHODS USED FOR COMPENSATION EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 3	MARYVILLE UTILIZES A VARIETY OF GUIDELINES IN DETERMINING APPROPRIATE COMPENSATION LEVELS FOR ITS EXECUTIVES. WITH THE ASSISTANCE OF INTERNAL FINANCIAL, OPERATING AND HUMAN RESOURCE EMPLOYEES, SALARY STUDIES ARE UNDERTAKEN FOR TOP LEVEL EXECUTIVES. OUTSIDE CONSULTANTS ARE ALSO ENGAGED TO STUDY COMPENSATION LEVELS IN ADDITION, OTHER NOT-FOR-PROFIT AGENCY 990S ARE REFERENCED TO ASSIST IN DETERMINING A FAIR LEVEL OF COMPENSATION. THE CEO OF MARYVILLE RECEIVES NO CASH COMPENSATION.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

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Internal Revenue Service

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

Name of the organization
MARYVILLE ACADEMY

Employer identification number

36-2170873

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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		16,664	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	15,331	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	23	4,233	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>GOLFING/EQUIP</u>)	X	9	25,963	COST/SELLING PRICE
26 Other ► (<u>TOYS</u>)	X	27	13,363	COST/SELLING PRICE
27 Other ► (<u>TICKETS/CARDS</u>)	X	97	20,404	COST/SELLING PRICE
28 Other ► (<u>MISC</u>)	X	90	52,617	COST/SELLING PRICE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 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		

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**

Name of the organization

MARYVILLE ACADEMY

Employer identification number

36-2170873

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATIONS 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 OUR CHILDREN NEED TO TRANSITION INTO ADULTHOOD

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>SHELTER CARE PROGRAM THE MADDEN SHELTER PROGRAM CARES FOR PARENTING, PREGNANT AND OLDER ADOLESCENT YOUNG GIRLS AGES 14-20 WHO ARE AWAITING PERMANENT PLACEMENTS 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 FOR 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 7,098,480, INCLUDING GRANTS OF 183,720) (REVENUES 5,915,234)</p>

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

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

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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	IN PRIOR FISCAL YEARS, 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 DEEMED APPROPRIATE.

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 73,513 IS PAID TO THE ORDER OF SCHOOL SISTERS OF ST FRANCIS AND NOT TO SR CATHERINE RYAN, PURSUANT TO A VOW OF POVERTY TAKEN BY SR CATHERINE RYAN MONSIGNOR MICHAEL BOLAND, WHO IS A MARYVILLE ACADEMY DIRECTOR, WORKS 35 HOURS PER WEEK AS THE EXECUTIVE DIRECTOR OF CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO BISHOP GEORGE RASSAS, WHO IS A MARYVILLE ACADEMY DIRECTOR, WORKS 45 HOURS PER WEEK AS AN AUXILIARY BISHOP FOR THE CATHOLIC ARCHDIOCESE OF CHICAGO

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	THE DECREASE IN NET ASSETS OR FUND BALANCE DURING THE YEAR WAS RELATED TO THE UNREALIZED LOSS IN INVESTMENTS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MARYVILLE ACADEMY

Employer identification number

36-2170873

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment
Sequence No 179Name(s) shown on return
MARYVILLE ACADEMYBusiness or activity to which this form relates
INDIRECT DEPRECIATIONIdentifying number
36-2170873**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8			
9 Tentative deduction Enter the smaller of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10			
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11			
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12			
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 11 ►	13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	20,019

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	20,019
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

	%							
	%							
	%							

26 Property used more than 50% in a qualified business use

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use

	%				S/L -			
	%				S/L -			
	%				S/L -			

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
39 Do you treat all use of vehicles by employees as personal use?														
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?														
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)														

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI	Amortization					
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2011 tax year (see instructions)						

43 Amortization of costs that began before your 2011 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

Maryville Academy

Financial Statements as of and for the
Years Ended June 30, 2012 and 2011,
Additional Information for the Year Ended
June 30, 2012, 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, 2012 and 2011, 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, 2012 and 2011, 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 financial statements as a whole. The additional information as listed in the table of contents is presented for the purpose of additional analysis and is not a required part of the financial statements. This information is the responsibility of Maryville's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such information is fairly stated in all material respects in relation to the financial statements as a whole.

December 6, 2012

MARYVILLE ACADEMY

STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2012 AND 2011

	2012	2011
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 2,821,996	\$ 2,018,278
Funds held for others	218,318	218,136
Accounts receivable — less allowance for doubtful accounts of \$295,012 and \$201,420 in 2012 and 2011, respectively	4,900,816	4,650,909
Accounts receivable — nonprogram	824,242	786,643
Contributions receivable — current portion	33,853	3,601
Accrued interest receivable	228,061	222,726
Other assets	<u>448,131</u>	<u>387,222</u>
 Total current assets	 9,475,417	 8,287,515
INVESTMENTS		
LONG-TERM RECEIVABLE	57,512,206	59,177,075
CONTRIBUTIONS RECEIVABLE	350,897	797,922
CASH SURRENDER VALUE OF INSURANCE POLICIES	56,826	
LAND, BUILDINGS, AND EQUIPMENT — Net	1,540,045	3,138,439
SPLIT-INTEREST AND REMAINDER TRUST AGREEMENTS	10,878,680	11,319,350
PREPAID POSTRETIREMENT BENEFITS	488,941	446,851
 TOTAL	 <u>\$ 80,303,012</u>	 <u>\$ 83,237,552</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 1,041,155	\$ 1,133,812
Accrued compensation and payroll taxes	1,913,338	1,682,383
Other accrued expenses	2,995,689	2,977,066
Due to governmental agencies	185,580	1,407,953
Other liabilities	<u>196,452</u>	<u>252,818</u>
 Total current liabilities	 6,332,214	 7,454,032
ASSET RETIREMENT OBLIGATIONS		
OTHER LONG-TERM LIABILITIES	682,521	683,361
ACCRUED POSTRETIREMENT BENEFITS	266,220	332,778
 Total liabilities	 <u>889,775</u>	 <u>1,016,171</u>
NET ASSETS		
Unrestricted	71,450,617	74,253,675
Temporarily restricted	<u>681,665</u>	<u>513,706</u>
 Total net assets	 <u>72,132,282</u>	 <u>74,767,381</u>
 TOTAL	 <u>\$ 80,303,012</u>	 <u>\$ 83,237,552</u>

See notes to financial statements

MARYVILLE ACADEMY

STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012			2011		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
CHANGE IN NET ASSETS						
Revenues						
Fees and grants from governmental agencies	\$36,067,162	\$ -	\$36,067,162	\$31,161,756	\$ -	\$31,161,756
Other	<u>1,361,416</u>	<u> </u>	<u>1,361,416</u>	<u>1,928,799</u>	<u> </u>	<u>1,928,799</u>
Total revenues	<u>37,428,578</u>	<u>-</u>	<u>37,428,578</u>	<u>33,090,555</u>	<u>-</u>	<u>33,090,555</u>
Support						
Contributions and bequests	1,041,207	691,098	1,732,305	967,991	315,212	1,283,203
Special events	350,484		350,484	328,159		328,159
Donated goods and services	148,575		148,575	64,037		64,037
Net assets released from restrictions	<u>523,139</u>	<u>(523,139)</u>	<u>-</u>	<u>387,451</u>	<u>(387,451)</u>	<u>-</u>
Total support	<u>2,063,405</u>	<u>167,959</u>	<u>2,231,364</u>	<u>1,747,638</u>	<u>(72,239)</u>	<u>1,675,399</u>
Total revenues and support	<u>39,491,983</u>	<u>167,959</u>	<u>39,659,942</u>	<u>34,838,193</u>	<u>(72,239)</u>	<u>34,765,954</u>
Expenses						
Program services						
Residential treatment	14,720,500		14,720,500	15,842,291		15,842,291
Shelter care	2,117,765		2,117,765	1,858,824		1,858,824
Specialized programs	3,811,496		3,811,496	3,126,803		3,126,803
Medical programs	14,374,278		14,374,278	12,332,613		12,332,613
Recreation education outreach	<u>4,376,168</u>	<u> </u>	<u>4,376,168</u>	<u>4,710,569</u>	<u> </u>	<u>4,710,569</u>
Total program services	<u>39,400,207</u>	<u>-</u>	<u>39,400,207</u>	<u>37,871,100</u>	<u>-</u>	<u>37,871,100</u>
Supporting services						
Management and general	1,593,936		1,593,936	1,228,856		1,228,856
Development	<u>972,292</u>	<u> </u>	<u>972,292</u>	<u>726,411</u>	<u> </u>	<u>726,411</u>
Total supporting services	<u>2,566,228</u>	<u>-</u>	<u>2,566,228</u>	<u>1,955,267</u>	<u>-</u>	<u>1,955,267</u>
Total expenses	<u>41,966,435</u>	<u>-</u>	<u>41,966,435</u>	<u>39,826,367</u>	<u>-</u>	<u>39,826,367</u>
Subtotal	<u>(2,474,452)</u>	<u>167,959</u>	<u>(2,306,493)</u>	<u>(4,988,174)</u>	<u>(72,239)</u>	<u>(5,060,413)</u>
Interest and dividends	1,798,136		1,798,136	1,859,727		1,859,727
Net realized loss on investments	<u>(98,533)</u>		<u>(98,533)</u>	<u>(310,031)</u>		<u>(310,031)</u>
Change in net unrealized gains losses on investments	<u>(1,159,247)</u>		<u>(1,159,247)</u>	<u>9,870,492</u>		<u>9,870,492</u>
Gain on disposal of assets	119,471		119,471	43,451		43,451
Postretirement changes other than net periodic benefit cost	<u>(988,433)</u>	<u> </u>	<u>(988,433)</u>	<u>(627,304)</u>	<u> </u>	<u>(627,304)</u>
CHANGES IN NET ASSETS	<u>(2,803,058)</u>	<u>167,959</u>	<u>(2,635,099)</u>	<u>5,848,161</u>	<u>(72,239)</u>	<u>5,775,922</u>
NET ASSETS — Beginning of year	<u>74,253,675</u>	<u>513,706</u>	<u>74,767,381</u>	<u>68,405,514</u>	<u>585,945</u>	<u>68,991,459</u>
NET ASSETS — End of year	<u>\$71,450,617</u>	<u>\$ 681,665</u>	<u>\$72,132,282</u>	<u>\$74,253,675</u>	<u>\$ 513,706</u>	<u>\$74,767,381</u>

See notes to financial statements

MARYVILLE ACADEMY

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2012

	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	\$ 7 414 442	\$ 949 732	\$ 1 893 928	\$ 5 547 468	\$ 1 911 580	\$17 717 150	\$ 70 168	\$ -	\$ 70 168	\$17 787 318
Program clerical staff salaries	123 973	37 493	33 942	22 084	72 470	289 962				289 962
Program payroll taxes and fringe benefits	2 045 216	292 908	477 406	1 198 454	430 392	4 444 376	46 741		46 741	4 491 117
Program consultants	17 873		40 499	537 266	43 577	639 215				639 215
Consumer wages and fringe benefits	4 027	110			41 949	46 086				46 086
Medicine and drugs	23 819	797	19 718	1 324 904	902	1 370 140				1 370 140
All other direct service equipment and supplies	8 015	4 250	10 664	11 193	41 244	75 366	121	88	209	75 575
Staff transportation	25 597	3 778	801	2 430	10 383	42 989	3 278		3 278	46 267
Client transportation	211 857	25 097	18 932	13 175	26 114	295 175	105 386		105 386	400 561
Direct service staff conferences and conventions	2 924		3 243	19 315	7 180	32 662	58 260	371	58 631	91 293
Program insurance	215 623	33 036	77 676	372 913	41 310	740 558	35 203	3 663	38 866	779 424
Direct client-specific assistance	290 634	32 180	1 730	19 572	143 624	487 740	1 311	5 035	6 346	494 086
Telecommunication costs assigned to program	26 640	15 887	18 125	4 067	1 543	66 262	2 192		2 192	68 454
Other	12 322	766	26 216	7 025	317 149	363 478	55	99 667	99 722	463 200
Total program expenses	10 422 962	1 396 034	2 622 880	9 079 866	3 089 417	26 611 159	322 715	108 824	431 539	27 042 698
SUPPORT EXPENSES										
Support salaries	153 597	57 337	9 369	312 938	33 940	567 181				567 181
Support payroll taxes and fringe benefits	55 957	16 741	3 798	114 129	5 250	195 875	(771)		(771)	195 104
Dietary supplies	420 182	71 214	21 521	166 457	66 125	745 499	17 101	3 950	21 051	766 550
Housekeeping and laundry supplies	60 829	8 369	13 738	47 963	7 722	138 621	5 825		5 825	144 446
Other	26 158	1 413	12 902	66 207	217	106 897	6 554		6 554	113 451
Total support expenses	716 723	155 074	61 328	707 694	113 254	1 754 073	28 709	3 950	32 659	1 786 732
OCCUPANCY EXPENSES										
Occupancy salaries	77 256	37 886	40 008	71 354	8 178	234 682	254 068		254 068	488 750
Occupancy payroll taxes and fringe benefits	27 956	7 502	18 959	24 238	1 239	79 894	89 737		89 737	169 631
Building and equipment operations and maintenance	486 731	113 700	141 202	477 682	247 584	1 466 899	608 528	5 787	614 315	2 081 214
Depreciation	402 565	27 225	67 015	585 894	78 918	1 161 617	462 188	255	462 443	1 624 060
All other leases rent taxes					180	180	3 669		3 669	3 849
Equipment	7 312	4 080	3 141	8 520	1 953	25 006	32 245	1 841	34 086	59 092
Other	74 702	48 398	11 319	31 245	4 331	169 995	243 785		243 785	413 780
Total occupancy expenses	1 076 522	238 791	281 644	1 198 933	342 383	3 138 273	1 694 220	7 883	1 702 103	4 840 376
ADMINISTRATIVE EXPENSES										
Administrative salaries	59 303	26 925	149 393	608 406	137 197	981 224	2 593 070	296 142	2 889 212	3 870 436
Administrative payroll taxes and fringe benefits	27 358	2 585	22 554	140 000	22 792	215 289	548 604	79 691	628 295	843 584
Administrative consultants	129		54 704	109 929	16 439	181 201	628 319	103 200	731 519	912 720
Telecommunication costs not assigned to program	18 463		1 066	37 352	1 876	58 757	87 887	496	88 383	147 140
Office supplies and equipment	22 212	2 765	3 624	38 619	4 449	71 669	34 129	31 862	65 991	137 660
Allocation of management and general	2 361 509	294 915	454 478	1 025 744	637 321	4 773 967	(4 814 676)	40 709	(4 773 967)	-
Other	15 319	676	159 825	1 427 735	11 040	1 614 595	470 959	299 535	770 494	2 385 089
Total administrative expenses	2 504 293	327 866	845 644	3 387 785	831 114	7 896 702	(451 708)	851 635	399 927	8 296 629
TOTAL EXPENSES	\$14 720 500	\$2 117 765	\$3 811 496	\$14 374 278	\$4 376 168	\$39 400 207	\$1 593 936	\$972 292	\$2 566 228	\$41 966 435

See notes to financial statements

MARYVILLE ACADEMY

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

	Program Services					Supporting Services				Total
	Residential Treatment	Shelter Care	Specialized Programs	Medical Programs	Recreation/Education/Outreach	Total	Management and General	Development	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	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	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

STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (2,635,099)	\$ 5,775,922
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and accretion	1,656,160	1,672,825
Net realized loss on investments	98,533	310,031
Change in net unrealized gains losses on investments	1,159,247	(9,870,492)
Net gain on disposal of assets	(119,471)	(43,451)
Provision for bad debt	193,973	133,646
Change in cash surrender value of insurance policies	1,598,394	2,711,724
Change in value of split-interest agreements	1,138	1,493
Change in value of remainder trust agreement	(43,228)	(10,926)
Postretirement changes other than net periodic benefit costs	988,433	627,304
Change in other assets and liabilities		
Funds held for others	(182)	105,115
Accounts receivable	(481,480)	505,693
Contributions receivable	(30,252)	728
Accrued interest receivable	(5,335)	(23,382)
Other assets	(60,909)	671,037
Prepaid (accrued) postretirement benefits	(28,258)	(90,632)
Long-term receivable	390,199	424,167
Accounts payable	(63,898)	(272,497)
Accrued compensation and payroll taxes	230,955	(964,387)
Other accrued expenses	18,623	(1,128,100)
Due to governmental agencies	(1,222,373)	1,407,953
Other liabilities	(56,366)	(465,804)
Asset retirement obligations	(32,939)	
Other long-term liabilities	(66,558)	
Net cash provided by operating activities	<u>1,489,307</u>	<u>1,477,967</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale or maturity of investments	14,577,398	13,292,121
Purchases of investments	(14,170,309)	(13,691,273)
Purchases of land, buildings, and equipment	(1,288,937)	(956,783)
Proceeds from disposition of land, buildings, and equipment	196,259	44,011
Net cash used in investing activities	<u>(685,589)</u>	<u>(1,311,924)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS		
NET INCREASE IN CASH AND CASH EQUIVALENTS	803,718	166,043
CASH AND CASH EQUIVALENTS — Beginning of year	<u>2,018,278</u>	<u>1,852,235</u>
CASH AND CASH EQUIVALENTS — End of year	<u>\$ 2,821,996</u>	<u>\$ 2,018,278</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION — Noncash additions to property and equipment		
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION — Noncash additions to property and equipment	<u>\$ 156,176</u>	<u>\$ 184,935</u>

See notes to financial statements

MARYVILLE ACADEMY

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

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 Archdiocese of Chicago, which operates through the civil law entity known as The Catholic Bishop of Chicago (CBC), an Illinois corporation sole.

2. SIGNIFICANT ACCOUNTING POLICIES

Cash Equivalents — 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 — Investments are measured at fair value in the statements of financial position.

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.

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 "Board of Directors"). The face amount of these insurance policies totals \$2,557,971 and \$5,871,581 and the total cash surrender value is \$1,540,045 and \$3,138,439 at June 30, 2012 and 2011, respectively. The annual premium payments for fiscal years 2012 and 2011 were \$3,604 and \$47,715, respectively. During fiscal year 2012, Maryville surrendered six policies, which resulted in surrender value proceeds of \$1,654,692.

Split-Interest and Charitable 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 for the life of the trust. Upon termination of the trust, Maryville will receive the assets remaining in the trust. Maryville's beneficial interest in the charitable remainder trust was measured at the present value of the estimated future cash receipts using a 4% discount rate at June 30, 2012 and 2011.

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, 2012 or 2011.

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, 2012, the liability for asset retirement obligations totaled \$682,521 and the related asset totaled \$44,795, net of accumulated depreciation of \$88,996. 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.

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, 2012 and 2011.

Temporarily restricted net assets as of June 30, 2012 and 2011, are available for the following purposes or periods

	2012	2011
Purpose restrictions — available for spending		
Residential programs	\$ 67,221	\$ 83,361
Specialized program	176,236	25,530
Recreation program	400	400
Education program	<u>1,424</u>	<u>11,259</u>
 Total purpose — restricted net assets	 245,281	 120,550
Time restrictions — remainder trust	<u>436,384</u>	<u>393,156</u>
 Total temporarily restricted net assets	 <u>\$ 681,665</u>	 <u>\$ 513,706</u>

Revenue Recognition — The majority of funding for Maryville's operations is provided by the Illinois Department of Children and Family Services, the Illinois Department of Healthcare 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 the present value of their future cash flows. At June 30, 2012, \$56,826 of contributions receivable are expected to be paid between one and four years. The remaining contributions receivable 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, 2012. 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 2010, the FASB issued Accounting Standards Update (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 has complied with these disclosure requirements in Note 11.

In October 2012, the FASB issued ASU 2012-05, *Not-For-Profit Entities Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows*. ASU 2012-05 is an amendment to ASC Topic 230, *Statement of Cash Flows*. ASU 2012-05 requires a not-for-profit to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without any not-for-profit imposed limitations for the sale and were converted nearly immediately into cash. Accordingly, the cash receipts from the sale of those financial assets should be classified as cash inflows from operating activities, unless the donor restricted the use of the contributed resources to long-term purposes, in which case those cash receipts should be classified as

cash flows from financing activities. Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flow from investing activities by the not-for-profit. ASU 2012-05 is effective for fiscal years beginning after June 15, 2013, with early adoption permitted. Maryville elected early adoption of ASU 2012-05 and has complied with these requirements in the statements of cash flows for the fiscal years ended June 30, 2012 and 2011.

Accounting Standards Updates Issued Not Yet Adopted — 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*, 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.

In July 2011, the FASB issued ASU 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. ASU 2011-07 requires certain health care entities to change the presentation of their statement of activities and change in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, those health care entities are required to provide enhanced disclosures about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. ASU 2011-07 is effective for fiscal years beginning after December 15, 2012. Maryville's management is currently assessing the impact that the adoption of ASU 2011-07 will have on the financial statements and disclosures.

In September 2011, the FASB issued ASU No. 2011-09, *Disclosures about an Employer's Participation in a Multiemployer Plan*, to expand the disclosures required for entities that participate in multiemployer pension and other postretirement benefit plans, but did not amend the accounting for multiemployer plans. The purpose of the expanded disclosures is to assist financial statement users in understanding the possible impact of an entity's participation in these plans on future cash flows. The amended guidance for nonpublic entities is effective for annual reporting periods ending after December 15, 2012, and accordingly, Maryville will adopt the requirements of ASU No. 2011-09 beginning with the financial statements for the year ending June 30, 2013. Maryville's management is currently assessing the impact that the adoption of ASU 2011-09 will have 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, 2012, Maryville has evaluated all subsequent events through December 6, 2012, which is the date the financial statements were available to be issued

3. INVESTMENTS

Investments at fair value as of June 30, 2012 and 2011, are as follows

	2012	2011
Mutual funds	<u>\$ 34,161,041</u>	<u>\$ 35,462,170</u>
Fixed income securities		
U S government	2,221,630	1,978,819
U S government agencies	8,393,133	11,265,582
Corporate bonds	12,602,298	10,018,838
Asset-backed securities	29,011	334,772
Mortgage-backed securities	<u>105,093</u>	<u>116,894</u>
Total fixed income securities	<u>23,351,165</u>	<u>23,714,905</u>
Total investments	<u><u>\$ 57,512,206</u></u>	<u><u>\$ 59,177,075</u></u>

Investments, 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, 2012, and 2011, are summarized as follows

2012	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 34,161,041	\$ -	\$ -	\$ 34,161,041
Fixed income securities				
U S government	2,221,630			2,221,630
U S government agencies		8,393,133		8,393,133
Corporate bonds		12,602,298		12,602,298
Asset-backed securities		29,011		29,011
Mortgage-backed securities		105,093		105,093
Total fixed income securities	2,221,630	21,129,535	-	23,351,165
Total	\$ 36,382,671	\$ 21,129,535	\$ -	\$ 57,512,206
2011	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 35,462,170	\$ -	\$ -	\$ 35,462,170
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	1,978,819	21,736,086	-	23,714,905
Total	\$ 37,440,989	\$ 21,736,086	\$ -	\$ 59,177,075

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 2012 and 2011, Maryville's depreciation expense totaled \$1,624,060 and \$1,642,566, respectively. Major classes of property and equipment as of June 30, 2012 and 2011, are as follows

	2012	2011
Land	\$ 1,601,203	\$ 1,536,977
Buildings	29,356,547	29,402,722
Building and land improvements	9,567,635	9,164,058
Vehicles	1,269,536	1,330,411
Furniture and fixtures	1,602,120	1,417,107
Computer equipment and software	5,361,404	5,032,333
Asset retirement obligation	<u>133,791</u>	<u>137,965</u>
 Total property and equipment	 48,892,236	 48,021,573
Less accumulated depreciation	<u>38,013,556</u>	<u>36,702,223</u>
 Land, buildings, and equipment — net	 <u>\$ 10,878,680</u>	 <u>\$ 11,319,350</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 2012 and 2011, Maryville's pension expense totaled \$1,007,501 and \$1,132,412, 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, 2012 and 2011, the status of the plan is as follows

	2012	2011
Change in projected benefit obligation		
Projected benefit obligation — beginning of year	\$ 4,662,051	\$ 4,159,759
Service cost	30,172	25,170
Interest cost	231,094	210,054
Actuarial losses	836,752	500,248
Benefits paid	<u>(246,757)</u>	<u>(233,180)</u>
 Projected benefit obligation — end of year	 <u>\$ 5,513,312</u>	 <u>\$ 4,662,051</u>
Change in plan assets		
Fair value of plan assets — beginning of year	\$ 4,732,451	\$ 4,766,831
Actual return on plan assets	137,843	198,800
Benefits paid	<u>(246,757)</u>	<u>(233,180)</u>
 Fair value of plan assets — end of year	 <u>\$ 4,623,537</u>	 <u>\$ 4,732,451</u>
Funded status — end of year	<u>\$ (889,775)</u>	<u>\$ 70,400</u>
 Amounts recognized in the statements of financial position — (accrued)/prepaid postretirement benefits	 <u>\$ (889,775)</u>	 <u>\$ 70,400</u>

The components of net periodic benefit income for the years ended June 30, 2012 and 2011, are as follows

	2012	2011
Components of net periodic benefit income		
Service cost	\$ 30,172	\$ 25,170
Interest cost	231,094	210,054
Expected return on plan assets	(92,033)	(92,931)
Amortization of prior service credit	(297,352)	(297,352)
Recognized net actuarial loss	<u>99,861</u>	<u>64,427</u>
 Total net periodic benefit income	 <u>\$ (28,258)</u>	 <u>\$ (90,632)</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, 2012 and 2011, are as follows

	2012	2011
Reclassification adjustment for recognition of prior service credit	\$ 297,352	\$ 297,352
Reclassification adjustment for recognition of net actuarial loss	(99,861)	(64,427)
Net actuarial loss arising during the period	<u>790,942</u>	<u>394,379</u>
 Postretirement-related changes other than net periodic benefit cost	 <u>\$ 988,433</u>	 <u>\$ 627,304</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, 2012 and 2011, are as follows

	2012	2011
Unrecognized net actuarial loss	\$ 2,257,307	\$ 1,566,226
Unrecognized prior service credit	<u>(2,167,695)</u>	<u>(2,465,047)</u>
Net unrecognized periodic benefit cost/(income)	<u>\$ 89,612</u>	<u>\$ (898,821)</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 2013 are \$159,586 and \$297,352, respectively

Actuarial assumptions for the years ended June 30, 2012 and 2011, are as follows

	2012	2011
Weighted-average assumptions used to determine benefit obligations as of June 30		
Discount rate	3 70 %	5 10 %
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 10	5 20
Expected return on plan assets	2 00	2 00

For measurement purposes, an 8% and 8.5% gross health care trend rate and a 5% gross dental care trend rate was used for 2012 and 2011, 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, 2012 and 2011, are as follows

	2012	2011
Fixed income securities	81 %	74 %
Equity mutual funds	14	
Certificates of deposit		18
Cash and cash equivalents	<u>5</u>	<u>8</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
2013	\$ 279,779
2014	297,736
2015	302,611
2016	309,448
2017	316,301
2018–2022	<u>1,645,799</u>
 Total	 <u>\$ 3,151,674</u>

Postretirement Benefit Plan Assets Measured at Fair Value — Assets measured at fair value on a recurring basis as of June 30, 2012 and 2011, are summarized as follows

2012	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 236,093	\$ -	\$ -	\$ 236,093
Equity mutual funds	665.804			665.804
Fixed income securities				
U S government	1,018.770			1,018.770
U S government agencies		1,613,886		1,613,886
Corporate bonds	<u>1,088,984</u>			<u>1,088,984</u>
Total fixed income securities	<u>1,018.770</u>	<u>2,702,870</u>	<u>-</u>	<u>3,721,640</u>
Total	<u>\$ 1,920.667</u>	<u>\$ 2,702,870</u>	<u>\$ -</u>	<u>\$ 4,623,537</u>
2011	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 360,032	\$ 840,570	\$ -	\$ 1,200,602
Fixed income securities				
U S government	3,502,475			3,502,475
Corporate bonds	<u>29,374</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>

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 certificates of deposit. Invested cash is categorized as Level 1 of the fair value hierarchy and certificates of deposit are generally categorized in Level 2 of the fair value hierarchy.

Equity 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, 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 U.S. government agency securities and 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. U.S. government agency and 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 up to \$500 annually the participant contributes during the plan year. Maryville will make a matching contribution of \$500. 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 (the "Jen School"). Under the terms of the amendment, Maryville may make discretionary 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 year 2012, Maryville did not make any discretionary contributions to the Plan. For fiscal year 2011, discretionary contributions to the Plan for the Jen School employees totaled \$121,118.

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 eight for fiscal years 2012 and 2011. Maryville expensed \$64,728 and \$46,228 for scholarships in fiscal years 2012 and 2011, respectively.

Future scholarship commitments, as of June 30, 2012, for former Maryville residents currently participating in the scholarship program are as follows:

Years Ending		Amount
June 30		
2013		\$ 66,000
2014		<u>34,000</u>
Total		<u>\$ 100,000</u>

10. RELATED-PARTY TRANSACTIONS

Maryville paid the Archdiocese of Chicago (the "Archdiocese") \$1,575 and \$1,402 for miscellaneous expenses during fiscal years 2012 and 2011, 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. The accrual amount for these claims totaled \$330,558 and \$375,904, respectively as of June 30, 2012 and 2011, which is included in the current liabilities in the statement of financial position. In addition, as of June 30, 2012 and 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 \$906,126 and \$1,324,812 of which \$350,897 and \$797,922 is reported as a long-term receivable and the current portion is included in accounts receivable — nonprogram on the statement of financial position as of June 30, 2012 and 2011, 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 incurred expenses for high school scholarships totaling \$71,655 and \$100,000 for fiscal years 2012 and 2011, respectively.

Maryville funded the Archdiocese's Office of Catechesis activities totaling \$275,042 and \$268,595 for fiscal years 2012 and 2011, respectively. As of June 30, 2012 and 2011, Maryville had a balance due to the Archdiocese for payments to the Office of Catechesis of \$0 and \$67,149, respectively, which is included in accounts payable in the statement of financial position.

Maryville had various related-party transactions with Catholic Charities during 2012 and 2011. Maryville participated in health and welfare and pension plans administered by Catholic Charities. Maryville ceased participation in the Catholic Charities health and welfare plan on December 31, 2011. Maryville's premium payments to Catholic Charities totaled \$1,417,413 and \$4,053,178 for fiscal years 2012 and 2011, respectively. All unpaid premiums from fiscal 2011 and premiums for fiscal 2012 were paid as of January 31, 2012. As of June 30, 2011, Maryville had a balance due to Catholic Charities of \$1,357,558, included in current liabilities in the accompanying statements of financial position. On July 1, 2011, Catholic Charities entered into a ten-year lease agreement for a building owned by Maryville. In lieu of making rent payments, Maryville will reduce its liability to Catholic Charities of \$332,788, which represents insurance proceeds for damage to a building Maryville previously rented from Catholic Charities. Maryville recognized \$33,279 of rental income for fiscal 2012.

On January 1, 2012, Maryville enrolled in the Catholic Charities USA health and welfare plan. Maryville's premium expense to Catholic Charities USA totaled \$1,275,316 for fiscal year 2012. All premiums for fiscal 2012 were paid as of June 30, 2012.

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.

11. 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. Maryville determines the cost of charity care by calculating the cost per patient day for the care provided. Total expenses are reduced by bad debt and the hospital assessment payment. For the years ended June 30, 2012 and 2011, the cost of providing charity care was estimated at approximately \$6,347 and \$5,548, respectively.

Due to the issuance of and Maryville's adoption of ASU 2010-23, *Measuring Charity Care for Disclosure*, in fiscal 2012, Maryville has changed its method of measuring charity care from charges forgone to cost per patient day. The fiscal 2011 charity amount that was previously reported as \$4,344 was changed to \$5,548 based on the requirements of ASU 2010-23. The change of measuring charity care from charges forgone to cost per patient day has no impact on the statement of activities and change in net assets for fiscal years 2012 and 2011.

12. 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.

13. SUBSEQUENT EVENT

On October 16, 2012, the Board of Directors approved management's recommendation to cease participation in the Catholic Charities noncontributory pension plan and spin-off into a separate Maryville plan. Such spin-off is expected to occur during fiscal 2013. Management has not yet determined the pension liability Maryville will assume when the spin-off becomes effective. Such liability is expected to be material.

* * * * *

ADDITIONAL INFORMATION

MARYVILLE ACADEMY

SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2012

	Residential				Shelter Care			Specialized Programs			
	Casa Salama	St. George	Casa Imani	Residential Treatment Center	St. Martin de Porres	Total Residential Treatment	Madden Shelter	Total Shelter Care	Children's Health Care Center	Crisis Nursery	Total Specialized Programs
REVENUE AND SUPPORT											
Revenues											
Department of Children and Family Services	\$ 2 939 196	\$ 3 530 309	\$ 1 882 553	\$ 3 511 493	\$ 1 096 521	\$ 12 960 072	\$ 3 483 328	\$ 3 483 328	\$ -	\$ -	\$ -
Department of Human Services	269	206	111	1 663	158	2 407	253	253			
Department of Healthcare and Family Services	9 803	9 563	1 625	20 343	2 403	43 737	249	249	2 129 455		2 129 455
Federal Lunch Program				37 342		37 342					
Other government programs	434 703					434 703					
Rent	438		438			876					
Interest, dividends, net realized and unrealized loss						-					
Other	1 354	498	4 474	16 516	274	23 116	657	657	58 508	25 148	83 656
Total revenues	3 385 763	3 540 576	1 889 201	3 587 357	1 099 356	13 502 253	3 484 487	3 484 487	2 187 963	25 148	2 213 111
Support											
Donated goods and services	153		153			306			345	20 419	20 764
Contributions and bequests	25 500	50	28 500	40		54 090	555	555	1 480	114 880	116 360
Special events						-				122 497	122 497
Net assets released from restrictions	82 008	760	846			83 614			14 000	376 985	390 985
Total support	107 661	810	29 499	40	-	138 010	555	555	15 825	634 781	650 606
Total revenue and support	3 493 424	3 541 386	1 918 700	3 587 397	1 099 356	13 640 263	3 485 042	3 485 042	2 203 788	659 929	2 863 717
EXPENSES											
Program expenses											
Program staff salaries	1 830 749	1 838 413	1 104 486	1 932 476	708 318	7 414 442	949 732	949 732	1 485 424	408 504	1 893 928
Program clerical and staff salaries	39 739	32 709	20 898	29 839	788	123 973	37 493	37 493	16 936	17 006	33 942
Program payroll taxes and fringe benefits	543 230	492 721	324 906	494 025	190 334	2 045 216	292 908	292 908	335 136	142 270	477 406
Program consultants	6 536	1 669	2 386	7 282		17 873			38 902	1 597	40 499
Consumer wages and fringe benefits	2 256	305	1 409	54	3	4 027	110	110			
Medicine and drugs	6 804	4 833	1 694	9 016	1 472	23 819	797	797	18 726	992	19 718
All other direct service equipment and supplies	1 187	1 088	4 629	872	239	8 015	4 250	4 250	3 850	6 814	10 664
Staff transportation	9 297	8 601	1 544	3 947	2 208	25 597	3 778	3 778	574	227	801
Client transportation	55 174	59 083	51 505	27 714	18 381	211 857	25 097	25 097	15 690	3 242	18 932
Direct service staff conferences and conventions	952	524	108	754	586	2 924			3 168	75	3 243
Program insurance	49 821	50 841	35 339	55 761	23 861	215 623	33 036	33 036	56 865	20 811	77 676
Direct client-specific assistance	73 958	75 098	51 296	72 728	17 554	290 634	32 180	32 180	1 112	618	1 730
Telecommunication costs assigned to program	12 040	1 997	10 020	1 400	1 183	26 640	15 887	15 887	8 702	9 423	18 125
Other	3 636	834	4 552	2 347	953	12 322	766	766	4 100	22 116	26 216
Total program expenses	2 635 379	2 568 716	1 614 772	2 638 215	965 880	10 422 962	1 396 034	1 396 034	1 989 185	633 695	2 622 880

(Continued)

MARYVILLE ACADEMY

SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2012

	Residential					Shelter Care			Specialized Programs		
	Casa Salama	St. George	Casa Imani	Residential Treatment Center	St. Martin de Porres	Total Residential Treatment	Madden Shelter	Total Shelter Care	Children's Health Care Center	Crisis Nursery	Total Specialized Programs
EXPENSES (Continued)											
Support expenses											
Support salaries	\$ -	\$ 3 106	\$ -	\$ 150 491	\$ -	\$ 153 597	\$ 57 337	\$ 57 337	\$ 4 932	\$ 4 437	\$ 9 369
Support payroll taxes and fringe benefits		971		54 986		55 957	16 741	16 741	1 246	2 552	3 798
Dietary supplies	79 064	105 891	69 902	121 766	43 559	420 182	71 214	71 214	8 464	13 057	21 521
Housekeeping and laundry supplies	12 007	14 070	10 079	19 971	4 702	60 829	8 369	8 369	8 789	4 949	13 738
Other	638		1 133	24 387		26 158	1 413	1 413	12 014	888	12 902
Total support expenses	91 709	124 038	81 114	371 601	48 261	716 723	155 074	155 074	35 445	25 883	61 328
Occupancy expenses											
Occupancy salaries	16 576	17 691	16 511	26 478		77 256	37 886	37 886	20 076	19 932	40 008
Occupancy payroll taxes and fringe benefits	5 495	8 442	5 100	8 919		27 956	7 502	7 502	9 486	9 473	18 959
Building and equipment operations and maintenance	116 101	91 980	78 159	180 418	20 073	486 731	113 700	113 700	75 951	65 251	141 202
Depreciation	56 045	55 386	45 130	231 229	14 775	402 565	27 225	27 225	27 641	39 374	67 015
Equipment	1 212	2 479	393	2 581	647	7 312	4 080	4 080	1 816	1 325	3 141
Other	25 926	8 087	26 300	11 357	3 032	74 702	48 398	48 398	5 822	5 497	11 319
Total occupancy expenses	221 355	184 065	171 593	460 982	38 527	1 076 522	238 791	238 791	140 792	140 852	281 644
Administrative expenses											
Administrative salaries	529	529	538	27 632	30 075	59 303	26 925	26 925	149 356	37	149 393
Administrative payroll taxes and fringe benefits	2 559	2 688	2 399	18 062	1 650	27 358	2 585	2 585	20 759	1 795	22 554
Administrative consultants				129		129			54 704		54 704
Telecommunication costs not assigned to program	448		448	17 567		18 463			533	533	1 066
Office supplies and equipment	3 146	2 800	2 634	12 841	791	22 212	2 765	2 765	1 921	1 703	3 624
Allocation of management and general	544 661	650 003	334 546	620 511	211 788	2 361 509	294 915	294 915	312 144	142 334	454 478
Other	3 054	1 287	1 414	8 802	762	15 319	676	676	158 612	1 213	159 825
Total administrative expenses	554 397	657 307	341 979	705 544	245 066	2 504 293	327 866	327 866	698 029	147 615	845 644
Total expenses	3 502 840	3 534 126	2 209 458	4 176 342	1 297 734	14 720 500	2 117 765	2 117 765	2 863 451	948 045	3 811 496
NET (DEFICIT) SURPLUS	\$ (9 416)	\$ 7 260	\$ (290 758)	\$ (588 945)	\$ (198 378)	\$ (1 080 237)	\$ 1 367 277	\$ 1 367 277	\$ (659 663)	\$ (288 116)	\$ (947 779)

(Continued)

MARYVILLE ACADEMY

SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2012

	Medical Program		Recreation/Education/Outreach				Total Program Services	Supporting Services			Program and Supporting Services
	Scott Nolan Hospital	Total Medical Program	Recreation & Sports Complex	Jen School	Community Outreach	Recreation/ Education/ Outreach		Management & General	Development	Total Supporting Services	
REVENUE AND SUPPORT											
Revenues											
Department of Children and Family Services	\$ 160 000	\$ 160 000	\$ -	\$ -	\$ -	\$ -	\$16 603 400	\$ -	\$ -	\$ -	\$16 603 400
Department of Human Services	5 725	5 725					8 385				8 385
Department of Healthcare and Family Services	13 894 746	13 894 746					16 068 187				16 068 187
Federal Lunch Program	51 531	51 531					88 873				88 873
Other government programs	37 801	37 801					2 820 918	3 293 422	4 895	4 895	3 298 317
Rent			175 198				175 198	176 074	252 429	252 429	428 503
Interest dividends net realized and unrealized loss	31	31						31	659 795	659 795	659 826
Other	668 599	668 599	15 779	14 190	26 659	56 628	832 656	90 452	9 805	100 257	932 913
Total revenues	<u>14 818 433</u>	<u>14 818 433</u>	<u>190 977</u>	<u>2 835 108</u>	<u>26 659</u>	<u>3 052 744</u>	<u>37 071 028</u>	<u>1 007 571</u>	<u>9 805</u>	<u>1 017 376</u>	<u>38 088 404</u>
Support											
Donated goods and services	5 936	5 936	21 501	416		21 917	48 923		99 652	99 652	148 575
Contributions and bequests	600	600	30 645	2 805	6 385	39 835	211 440		1 520 865	1 520 865	1 732 305
Special events			61 253	2 895	13 443	77 591	200 088		150 396	150 396	350 484
Net assets released from restrictions			3 500	31 910		35 410	510 009	4 038	(514 047)	(510 009)	
Total support	<u>6 536</u>	<u>6 536</u>	<u>116 899</u>	<u>38 026</u>	<u>19 828</u>	<u>174 753</u>	<u>970 460</u>	<u>4 038</u>	<u>1 256 866</u>	<u>1 260 904</u>	<u>2 231 364</u>
Total revenue and support	<u>14 824 969</u>	<u>14 824 969</u>	<u>307 876</u>	<u>2 873 134</u>	<u>46 487</u>	<u>3 227 497</u>	<u>38 041 488</u>	<u>1 011 609</u>	<u>1 266 671</u>	<u>2 278 280</u>	<u>40 319 768</u>
EXPENSES											
Program expenses											
Program staff salaries	5 547 468	5 547 468	115 195	1 751 082	45 303	1 911 580	17 717 150	70 168		70 168	17 787 318
Program clerical and staff salaries	22 084	22 084		72 470		72 470	289 962				289 962
Program payroll taxes and fringe benefits	1 198 454	1 198 454	40 083	376 133	14 176	430 392	4 444 376	46 741		46 741	4 491 117
Program consultants	537 266	537 266	10 425	30 342	2 810	43 577	639 215				639 215
Consumer wages and fringe benefits				153	41 796	41 949	46 086				46 086
Medicine and drugs	1 324 904	1 324 904	235	667		902	1 370 140				1 370 140
All other direct service equipment and supplies	11 193	11 193	41 136	108	41 244	75 366	121	88		209	75 575
Staff transportation	2 430	2 430	2 847	395	7 141	10 383	42 989	3 278		3 278	46 267
Client transportation	13 175	13 175	14 299	9 062	2 753	26 114	295 175	105 386		105 386	400 561
Direct service staff conferences and conventions	19 315	19 315	453	6 652	75	7 180	32 662	58 260	371	58 631	91 293
Program insurance	372 913	372 913	3 535	36 997	778	41 310	740 558	35 203	3 663	38 866	779 424
Direct client-specific assistance	19 572	19 572	2 156	160	141 308	143 624	487 740	1 311	5 035	6 346	494 086
Telecommunication costs assigned to program	4 067	4 067	1 427	116		1 543	66 262	2 192		2 192	68 454
Other	7 025	7 025	35 393	4 504	277 252	317 149	363 478	55	99 667	99 722	463 200
Total program expenses	<u>9 079 866</u>	<u>9 079 866</u>	<u>226 201</u>	<u>2 371 512</u>	<u>491 704</u>	<u>3 089 417</u>	<u>26 611 159</u>	<u>322 715</u>	<u>108 824</u>	<u>431 539</u>	<u>27 042 698</u>

(Continued)

MARYVILLE ACADEMY

SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2012

	Medical Program		Recreation/Education/Outreach				Total Program Services	Supporting Services			Program and Supporting Services
	Scott Nolan Hospital	Total Medical Program	Recreation & Sports Complex	Jen School	Community Outreach	Recreation/ Education/ Outreach		Management & General	Development	Total Supporting Services	
EXPENSES (Continued)											
Support expenses											
Support salaries	\$ 312 938	\$ 312 938	\$ -	\$ 33 940	\$ -	\$ 33 940	\$ 567 181	\$ -	\$ -	\$ -	\$ 567 181
Support payroll taxes and fringe benefits	114 129	114 129		5 250		5 250	195 875		(771)		(771)
Dietary supplies	166 457	166 457	2 850	62 846	429	66 125	745 499	17 101	3 950	21 051	766 550
Housekeeping and laundry supplies	47 963	47 963	5 336	2 386		7 722	138 621	5 825		5 825	144 446
Other	66 207	66 207		217		217	106 897	6 554		6 554	113 451
Total support expenses	707 694	707 694	8 186	104 639	429	113 254	1 754 073	28 709	3 950	32 659	1 786 732
Occupancy expenses											
Occupancy salaries	71 354	71 354	7 547	631		8 178	234 682	254 068		254 068	488 750
Occupancy payroll taxes and fringe benefits	24 238	24 238		1 239		1 239	79 894	89 737		89 737	169 631
Building and equipment operations and maintenance	477 682	477 682	160 654	82 476	4 454	247 584	1 466 899	608 528	5 787	614 315	2 081 214
Depreciation	585 894	585 894	21 300	56 979	639	78 918	1 161 617	462 188	255	462 443	1 624 060
All other leases rent taxes					180	180	180	3 669		3 669	3 849
Equipment	8 520	8 520		1 953		1 953	25 006	32 245	1 841	34 086	59 092
Other	31 245	31 245	(46 621)	50 952		4 331	169 995	243 785		243 785	413 780
Total occupancy expenses	1 198 933	1 198 933	142 880	194 230	5 273	342 383	3 138 273	1 694 220	7 883	1 702 103	4 840 376
Administrative expenses											
Administrative salaries	608 406	608 406	18 215	118 982		137 197	981 224	2 593 070	296 142	2 889 212	3 870 436
Administrative payroll taxes and fringe benefits	140 000	140 000	(285)	23 024	53	22 792	215 289	548 604	79 691	628 295	843 584
Administrative consultants	109 929	109 929	890	15 549		16 439	181 201	628 319	103 200	731 519	912 720
Telecommunication costs not assigned to program	37 352	37 352		1 876		1 876	58 757	87 887	496	88 383	147 140
Office supplies and equipment	38 619	38 619	1 040	3 328	81	4 449	71 669	34 129	31 862	65 991	137 660
Allocation of management and general	1 025 744	1 025 744	257 133	371 891	8 297	637 321	4 773 967	(4 814 676)	40 709	(4 773 967)	-
Other	1 427 735	1 427 735	9 122	1 918		11 040	1 614 595	1 459 391	299 535	1 758 926	3 373 521
Total administrative expenses	3 387 785	3 387 785	286 115	536 568	8 431	831 114	7 896 702	536 724	851 635	1 388 359	9 285 061
Total expenses	14 374 278	14 374 278	663 382	3 206 949	505 837	4 376 168	39 400 207	2 582 368	972 292	3 554 660	42 954 867
NET SURPLUS (DEFICIT)	\$ 450 691	\$ 450 691	\$ (355 506)	\$ (333 815)	\$ (459 350)	\$ (1 148 671)	\$ (1 358 719)	\$ (1 570 759)	\$ 294 379	\$ (1 276 380)	\$ (2 635 099)

(Concluded)

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 \$	7,098,480	including grants of \$	183,720) (Revenue \$	5,915,234)
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SHELTER CARE PROGRAM THE MADDEN SHELTER PROGRAM CARES FOR PARENTING, PREGNANT AND OLDER ADOLESCENT YOUNG GIRLS AGES 14-20 WHO ARE AWAITING PERMANENT PLACEMENTS SPECIALIZED PROGRAMS THE MARYVILLE CRISIS NURSERY IS FOR FAMILIES WITH CHILDREN 0-6 YEARS OF AGE WHO ARE EXPERIENCING SOME TYPE OF CRISIS AND NEED EMERGENCY CHILD CARE FOR UP TO 72 HOURS OUR SECOND SPECIALIZED PROGRAM, MARYVILLE CHILDREN'S HEALTHCARE CENTER PROVIDES CARE FOR MEDICALLY-FRAGILE CHILDREN WHO HAVE COMPLETED THE ACUTE PHASE OF THEIR CARE BUT NEED A HOSPITAL-TO-HOME TRANSITIONAL PROGRAM WHILE FAMILY MEMBERS LEARN TO CARE FOR THEM THE PROGRAM ALSO OFFERS RESPITE CARE TO MEDICALLY FRAGILE CHILDREN FOR 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 7,098,480, INCLUDING GRANTS OF 183,720)(REVENUES 5,915,234)