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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
MARYVILLE ACADEMY

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4  
DES PLAINES, IL 60016

**D** Employer identification number

36-2170873

E Telephone number

(847) 294-1944

**G** Gross receipts \$ 77,436,425

**F** Name and address of principal officer  
SISTER CATHERINE RYAN  
1150 NORTH RIVER ROAD  
DES PLAINES,IL 60016

**H(a)** Is this a group return for affiliates?

☐ Yes☒ No

**H(b)** Are all affiliates included?

☐ Yes☐ No

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

**H(c)** Group exemption number **▶**

**I** Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( ) **▶**(insert no )

☐ 4947(a)(1) or ☐ 527

**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			
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities FORM - 990 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 130 YEARS. TODAY OUR FULL RANGE OF RESIDENTIAL, HEALTHCARE, FAMILY SUPPORT, EDUCATIONAL, AND COMMUNITY DEVELOPMENT PROGRAMS HELP CHILDREN AND FAMILIES FIND HEALING, INNER STRENGHT 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.	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	20
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	762
	<b>6</b>	Total number of volunteers (estimate if necessary)	747
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year1,977,975Current Year2,103,037
	<b>9</b>	Program service revenue (Part VIII, line 2g)	36,696,68732,389,122
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	1,786,1342,726,578
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	749,786769,454
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,210,58237,988,191
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	487,740446,285
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,703,08830,411,929
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>▶</b> 809,847	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,977,015
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	29,190,82855,835,229
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	12,019,754-17,847,038
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16)	80,303,01281,970,435
	<b>21</b>	Total liabilities (Part X, line 26)	8,170,73122,082,730
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	72,132,28159,887,705

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

2014-05-20

Date

NORMAN BRYANT JOYCE, CHIEF FINANCIAL OFFICER

Type or print name and title

Prrnt/Type preparer's name

Preparer's signature

Date 2014-05-28

Check ☐ if self-employed

PTIN

Firm's name **▶** MARYVILLE ACADEMY

Firm's EIN **▶**

Firm's address **▶** 1150 N RIVER RD

DES PLAINES, IL 600161214

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

FORM - 990 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 130 YEARS TODAY OUR FULL RANGE OF RESIDENTIAL, HEALTHCARE, FAMILY SUPPORT, EDUCATIONAL, AND COMMUNITY DEVELOPMENT PROGRAMS HELP CHILDREN AND FAMILIES FIND HEALING, INNER STRENGHT 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 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 \$ 16,477,597 including grants of \$ 16,710 ) (Revenue \$ 12,324,917 ) MEDICAL - THE MARYVILLE BEHAVIORAL HEALTH 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 \$ 13,983,847 including grants of \$ 253,214 ) (Revenue \$ 12,817,042 ) RESIDENTIAL - THERAPEUTIC TREATMENT FACILITIES FOR YOUTH WITH SEVERE MENTAL HEALTH, SUBSTANCE ABUSE, OR INTELLECTUAL DISABILITIES MARKED BY EMOTIONAL, BEHAVIORAL AND ACADEMIC PORBLEMS OR WHO HAVE BEEN VICTIMS OF ACUTE TRAUMA THERE ARE MORE THAN 100 YOUTHS IN PLACEMENTS AT ANY ONE TIME
4c	(Code ) (Expenses \$ 3,228,113 including grants of \$ 496 ) (Revenue \$ 2,957,586 ) 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 EXPERIENTAL 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 ADVACEMENTS
	(Code ) (Expenses \$ 7,044,536 including grants of \$ 175,865 ) (Revenue \$ 5,892,215 ) 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 AGE YOUTHS LIVING IN ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THE CITY OF CHICAGO (EXPENSES 7,044,544 INCLUDING GRANTS OF 175,865) (REVENUE 5,892,215)
4d	Other program services (Describe in Schedule O ) (Expenses \$ 7,044,536 including grants of \$ 175,865 ) (Revenue \$ 5,892,215 )
4e	Total program service expenses ▶ 40,734,093

Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> 		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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.	58	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	762
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	No
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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?	16a	No
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?	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MARYVILLE ACADEMY 1150 N RIVER ROAD DES PLAINES, IL (847) 294-2892

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHERYL HEYDEN ASSOCIATE EX	60 00	X		X				116,897	0	10,380
(2) MSGR MICHAEL BOLAND DIRECTOR	1 00	X						0	42,170	8,971
(3) BISHOP GEORGE RASSAS DIRECTOR	1 00	X						0	41,561	4,050
(4) RICHARD A DEVINE CHAIRPERSON	1 00	X		X				0	0	0
(5) DIANE C GERAGHTY VICE CHAIRPE	1 00	X		X				0	0	0
(6) RICK VELASQUEZ SECRETARY	1 00	X		X				0	0	0
(7) ANDREW R LOTTs CPA TREASURER	1 00	X		X				0	0	0
(8) GEORGE W ROURKE DIRECTOR	1 00	X						0	0	0
(9) SEAN MADDEN DIRECTOR	1 00	X						0	0	0
(10) MICHAEL P GOLDEN DIRECTOR	1 00	X						0	0	0
(11) MICHAEL ROUKE DIRECTOR	1 00	X						0	0	0
(12) AURORA ABELLA-AUSTRIACO DIRECTOR	1 00	X						0	0	0
(13) DAVID A BONOMA DIRECTOR	1 00	X						0	0	0
(14) AGNES PISZCZEK DIRECTOR	1 00	X						0	0	0
(15) MELANIE M PETTWAY DIRECTOR	1 00	X						0	0	0
(16) ELIZABETH GALLAGHER-COOLIDGE DIRECTOR	1 00	X						0	0	0
(17) LOUIS J GLUNZ PHD 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICK G SHEA DIRECTOR	1 00	X						0	0	0
(19) LAROMA WHITE DIRECTOR	1 00	X						0	0	0
(20) SISTER CATHERINE RYAN EXECUTIVE DI	60 00	X		X				0	0	2,561
(21) BRIAN T MCCORMACK DIRECTOR	1 00	X						0	0	0
(22) MICHAEL J MUNRO DIRECTOR	1 00	X						0	0	0
(23) JOHN F POELKING COO	60 00			X				150,000	0	8,001
(24) NORMAN BRYANT JOYCE CHIEF FINANC	60 00			X				125,209	0	6,673
(25) SHIRAZ MAHMUD BUTT MEDICAL DIRE	45 00					X		338,812	0	30,839
(26) MARK J FRIEDMAN PSYCHIATRIST	50 00					X		188,764	0	20,709
(27) LAUREN HAYOUNG SHIN PSYCHIATRIST	38 00					X		180,709	0	9,872
(28) MARTA BANEGAS SHIKARI PSYCHIATRIST	38 00					X		152,776	0	8,149
(29) BARBARA DOROTA TWARDOWSKA PSYCHIATRIST	20 00					X		132,574	0	7,071

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	1,385,741	83,731	117,276

**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▶19

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

Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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 STE 912 CHICAGO IL 60601	LEGAL SERVICE	185,117
MOSCRIP REMODELING MAINTENANCE , 191 HILLCREST TERRACE BLOOMINGDALE IL 60108	REPAIRS/REMODEL	179,186
DELOITTE TOUCHE LLP , 111 W WACKER DR CHICAGO IL 60601	AUDIT/TAX SRVS	154,424
ALL TRADE'S CO , 3N631 LAKEVIEW CT WEST CHICAGO IL 60185	REPAIRS/REMODEL	114,712

**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

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	89,305			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	233,123			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,780,609			
	g	Noncash contributions included in lines 1a-1f \$		143,825			
	h	Total. Add lines 1a-1f . . . . .		2,103,037			
Program Service Revenue	2a	GOVERNMENT FEES	Business Code				
			900099	31,922,281	31,922,281		
	b	INSURANCE & OTHER PROGRAMS	900099	466,841	466,841		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		32,389,122			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,708,528		1,708,528	
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .					
	6a	Gross rents	(i) Real	(ii) Personal			
			473,355				
			473,355				
	d	Net rental income or (loss) . . . . .		473,355	175,106		298,249
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			40,251,675	13,750			
			39,236,521	10,854			
			1,015,154	2,896			
	d	Net gain or (loss) . . . . .		1,018,050			1,018,050
	8a	Gross income from fundraising events (not including \$ 89,305 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	251,662			
	b	Less direct expenses . . . . .	b	200,859			
	c	Net income or (loss) from fundraising events . . . . .		50,803			50,803
	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		142,699	142,699			
b	OTHER INCOME/INSURANCE PROCEE		60,955			60,955	
c	THRIFT SHOP		41,642	41,642			
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		245,296				
12	Total revenue. See Instructions . . . . .		37,988,191	32,748,569		3,136,585	

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).

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

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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.	446,285	446,285		
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.	424,643		424,643	
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.	23,550,459	20,694,644	2,546,436	309,379
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	959,912	835,615	110,545	13,752
9	Other employee benefits.	3,639,746	2,786,494	814,136	39,116
10	Payroll taxes.	1,837,169	1,588,613	224,404	24,152
11	Fees for services (non-employees):				
a	Management.	110,713		33,127	77,586
b	Legal.	243,781	139,524	104,257	
c	Accounting.	154,500		154,500	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	88,282		88,282	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,465,775	1,349,589	15,675	100,511
12	Advertising and promotion.	124,279	14,303	20,426	89,550
13	Office expenses.	467,434	340,878	78,720	47,836
14	Information technology.	280,172		280,172	
15	Royalties.				
16	Occupancy.	2,826,878	2,024,374	781,297	21,207
17	Travel.	421,852	328,572	93,280	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	90,264	24,971	64,280	1,013
20	Interest.				
21	Payments to affiliates.	282,517	282,517		
22	Depreciation, depletion, and amortization.	1,768,593	1,143,968	624,307	318
23	Insurance.	711,668	674,745	33,359	3,564
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	POST RETIREMENT BENEFITS	12,216,574		12,216,574	
b	HSF HOSPITAL ASSESSMENTS	1,209,170	1,209,170		
c	ALL OTHER	942,485	5,294,813	-4,427,207	74,879
d	DIETARY SUPPLIES	821,771	796,492	18,295	6,984
e	All other expenses	750,307	758,526	-8,219	
25	Total functional expenses. Add lines 1 through 24e.	55,835,229	40,734,093	14,291,289	809,847
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		70,511	1	73,069
	2	Savings and temporary cash investments		2,969,802	2	1,687,185
	3	Pledges and grants receivable, net		116,907	3	105,631
	4	Accounts receivable, net		6,034,716	4	4,251,968
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		184,264	8	189,963
	9	Prepaid expenses and deferred charges		156,042	9	168,771
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a46,762,032			
	b	Less accumulated depreciation	10b36,003,078	10,878,681	10c	10,758,954
	11	Investments—publicly traded securities		36,382,671	11	42,267,108
	12	Investments—other securities See Part IV, line 11		21,129,535	12	20,377,549
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,379,883	15	2,090,237
	16	Total assets. Add lines 1 through 15 (must equal line 34)		80,303,012	16	81,970,435
Liabilities	17	Accounts payable and accrued expenses		7,974,278	17	21,803,974
	18	Grants payable			18	
	19	Deferred revenue		83,954	19	134,128
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		112,499	25	144,628
	26	Total liabilities. Add lines 17 through 25		8,170,731	26	22,082,730
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		71,450,617	27	59,268,575
	28	Temporarily restricted net assets		681,664	28	619,130
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		72,132,281	33	59,887,705
	34	Total liabilities and net assets/fund balances		80,303,012	34	81,970,435

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	37,988,191
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	55,835,229
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-17,847,038
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	72,132,281
5	Net unrealized gains (losses) on investments . . . . .	5	5,602,464
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,887,705

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
MARYVILLE ACADEMY

Employer identification number  
36-2170873

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

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

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

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

h

☐

Provide the following information about the supported organization(s)
- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,863,956	1,518,449	1,443,636	1,977,975	2,103,037	8,907,053
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	34,195,621	34,480,971	33,134,776	37,410,682	33,056,970	172,279,020
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	36,059,577	35,999,420	34,578,412	39,388,657	35,160,007	181,186,073
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 )						181,186,073

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	36,059,577	35,999,420	34,578,412	39,388,657	35,160,007	181,186,073
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,784,165	1,487,857	2,240,555	2,050,565	2,006,777	9,569,919
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,784,165	1,487,857	2,240,555	2,050,565	2,006,777	9,569,919
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 )	37,843,742	37,487,277	36,818,967	41,439,222	37,166,784	190,755,992
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 2012 (line 8, column (f) divided by line 13, column (f))	15	94.980%	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	94.310%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	5.000%	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	6.000%	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			



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

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
MARYVILLE ACADEMY

Employer identification number  
36-2170873

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶\$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶\$ \_\_\_\_\_

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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

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 XIII

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 XIII and complete the following table

	Amount
1c	4,623,537
1d	19,049,818
1e	729,998
1f	22,943,357

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

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

(ii)

related organizations

3b		
----	--	--

b

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

4

Describe in Part XIII 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	1,601,203			1,601,203
b Buildings	39,734,946		32,240,960	7,493,986
c Leasehold improvements			2,345	-2,345
d Equipment	5,292,092		3,668,353	1,623,739
e Other	133,791		91,420	42,371
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,758,954



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	43,791,513
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	5,602,464
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	200,858
e	Add lines 2a through 2d . . . . .	2e	5,803,322
3	Subtract line 2e from line 1 . . . . .	3	37,988,191
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	37,988,191

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	56,036,087
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 XIII ) . . . . .	2d	200,858
e	Add lines 2a through 2d . . . . .	2e	200,858
3	Subtract line 2e from line 1 . . . . .	3	55,835,229
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	55,835,229

Part XIII

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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. EFFECTIVE APRIL 2, 2013, MARYVILLE CEASED PARTICIPATION IN THE CATHOLIC CHARITIES PENSION PLAN. AS MARYVILLE IS WITHIN THE SAME CONTROLLED GROUP AS CATHOLIC CHARITIES (BOTH ENTITIES ARE OVERSEEN BY THE CBC), THE SPIN-OFF WAS ACCOUNTED FOR AS A DIVISION OF PENSION PLANS. THE PLAN PROVIDES ANNUAL RETIREMENT BENEFITS AND CONSISTS PRIMARILY OF EQUITY SECURITIES, MUTUAL FUNDS, AND FIXED INCOME SECURITIES. THE ASSETS ARE SEGREGATED AND HELD IN SEPARATE LEGAL TRUST. THE MEDICAL & DENTAL PLAN AND PENSION PLAN ARE FUNDED ON AN ANNUAL BASIS AND WERE AUDITED BY DELOITTE AS OF 6/30/2013.
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENTS 200,858
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS 200,858
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 1,768,593



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GUARDIAN MEDALL</u>	<u>ILLINOIS PGA</u>	<u>3</u>	(add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . .	157,148	126,448	57,371	340,967
	2	Less Contributions . . .	28,700	43,600	17,005	89,305
3	Gross income (line 1 minus line 2) . . . .	128,448	82,848	40,366	251,662	
Direct Expenses	4	Cash prizes . . . .				
	5	Noncash prizes . . .	3,600	26,873	1,043	31,516
	6	Rent/facility costs . . .	62,934	49,665	17,379	129,978
	7	Food and beverages .				
	8	Entertainment . . . .	6,975		800	7,775
	9	Other direct expenses .	19,656	2,523	9,411	31,590
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				(200,859)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ►				50,803

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor . . . .			
	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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party

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 Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
MARYVILLE ACADEMY

Employer identification number  
36-2170873

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>170 000 %</u>  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>210 000 %</u>  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care  4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	4	Yes	
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? . . . . .	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	5b	Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a		No
		6b		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .						
b Medicaid (from Worksheet 3, column a) . . . . .			16,428,570	12,324,917	4,103,653	0 250 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			16,428,570	12,324,917	4,103,653	0 250 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j <b>Total</b> Other Benefits . . . . .						
k <b>Total.</b> Add lines 7d and 7j . . . . .			16,428,570	12,324,917	4,103,653	0 250 %

Part III

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
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 Heathcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

44,884

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

44,884

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

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

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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				

Schedule H (Form 990) 2012

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MARYVILLE ACADEMY MARYVILLE BEHAVIORAL HEALTH HOSPITA 555 WILSON LANE DES PLAINES,IL 60016	X		X							

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

MARYVILLE ACADEMY

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1	No
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 the community health 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 CHNA 20 ____		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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 CHNA 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 CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	
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 CHNA, indicate how (check all that apply to date)		
a	<input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	8a	
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
<b>9</b> Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		<b>9</b>	Yes
<b>10</b> Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>210 0%</u> If "No," explain in Part VI the criteria the hospital facility used		<b>10</b>	Yes
<b>11</b> Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . 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		<b>11</b>	Yes
<b>12</b> Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)		<b>12</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Income level			
<b>b</b> <input type="checkbox"/> Asset level			
<b>c</b> <input checked="" type="checkbox"/> Medical indigency			
<b>d</b> <input type="checkbox"/> Insurance status			
<b>e</b> <input type="checkbox"/> Uninsured discount			
<b>f</b> <input checked="" type="checkbox"/> Medicaid/Medicare			
<b>g</b> <input type="checkbox"/> State regulation			
<b>h</b> <input type="checkbox"/> Other (describe in Part VI)			
<b>13</b> Explained the method for applying for financial assistance? . . . . .		<b>13</b>	Yes
<b>14</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		<b>14</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
<b>b</b> <input checked="" type="checkbox"/> The policy was attached to billing invoices			
<b>c</b> <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
<b>d</b> <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
<b>e</b> <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
<b>f</b> <input checked="" type="checkbox"/> The policy was available upon request			
<b>g</b> <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
<b>15</b> 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? . . . . .		<b>15</b>	Yes
<b>16</b> Check all of the following 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			
<b>a</b> <input type="checkbox"/> Reporting to credit agency			
<b>b</b> <input type="checkbox"/> Lawsuits			
<b>c</b> <input type="checkbox"/> Liens on residences			
<b>d</b> <input type="checkbox"/> Body attachments			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)			
<b>17</b> 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>17</b>	No
<b>a</b> <input type="checkbox"/> Reporting to credit agency			
<b>b</b> <input type="checkbox"/> Lawsuits			
<b>c</b> <input type="checkbox"/> Liens on residences			
<b>d</b> <input type="checkbox"/> Body attachments			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? . . . . .		No
	If "No," indicate why		
a	<input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
	d <input type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? . . . . .		No
	If "Yes," explain in Part VI		
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? . . . . .		No
	If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section C. Other Health Care 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 health care 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, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
RELATED ORGANIZATION INFORMATION	PART I LINE 6A	ALTHOUGH MARYVILLE BEHAVIORAL HEALTH HOSPITAL 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
COSTING METHODOLOGY EXPLANATION	PART I LINE 7	MARYVILLE BEHAVIORAL HEALTH HOSPITAL 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 2013 AUDITED FINANCIAL STATEMENTS AND 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 NET OF ANY DISCOUNTS MARYVILLE BEHAVIORAL HEALTH HOSPITALS PORTION OF BAD DEBT EXPENSE WAS 44884 THIS YEAR
COLLECTION PRACTICES EXPLANATION	PART III LINE 9B	COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS PATIENTS ARE SENT UP TO THREE LETTERS AND IF NO RESPONSE IS RECEIVED ADDITIONAL ATTEMPTS ARE MADE BY TELEPHONE OUR STATEMENTS INCLUDE A NOTE THAT FINANCIAL ASSISTANCE IS AVAILABLE AND THIS INFORMATION IS ALSO COMMUNICATED TO THE PATIENT WHEN COLLECTION CALLS ARE MADE BY THE HOSPITAL BILLER IF THE HOSPITAL IS UNSUCCESSFUL IN COLLECTING PAYMENT THE ACCOUNT IS WRITTEN OFF AGAINST THE BAD DEBT ALLOWANCE THE HOSPITAL DOES NOT USE A COLLECTION AGENCY OR PURSUE LEGAL ACTION AGAINST THE PATIENT ALSO THE HOSPITAL DOES NOT PURSUE COLLECTION EFFORTS FOR PATIENTS THAT ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITALS CHARITY CARE POLICY

Identifier	ReturnReference	Explanation
ADDITIONAL INFORMATION	PART VI	NEEDS ASSESSMENT 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 THE HOSPITAL MANAGEMENT THE COORDINATOR ATTENDS LANS MEETINGS IN DIFFERENT REGIONS AND 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 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE 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 ADVISE PATIENTS ON THEIR ELIGIBILITY FOR STATE MEDICAID AND ALLKIDS PROGRAMS THE HOSPITAL STAFF WILL ASSIST ELIGIBLE PATIENTS IN APPLYING FOR MEDICAID BENEFITS COMMUNITY INFORMATION 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 HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE 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 DISABILITIESMENTAL ILLNESS MENTAL ILLNESSSUBSTANCE ABUSE SOCIAL BEHAVIORAL DISORDERS AND PREGNANTPARENTING 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 HOSPITALTO HOME TRANSITIONAL PROGRAM FOR MEDICALLYFRAGILE CHILDREN ALL OF WHOM USE MEDICAID AS THEIR PAYOR AND A SHELTER FOR TEENAGE GIRLS MANY OF WHOM ARE PREGNANT OR PARENTING TEENS ANOTHER COMMUNITY PROGRAM INCLUDES THE CATHOLIC YOUTH ORGANIZATION CYO THIS PROGRAM SUBSIDIZED BY MARYVILLE ACADEMY ALLOWS TEENS NOT ON THEIR SCHOOLS SPORTS TEAMS TO PARTICIPATE IN ORGANIZED GAMES THE PROGRAM OPERATES IN SEVERAL ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THE CHICAGO AREA



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARYVILLE ACADEMY

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

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

OMB No 1545-0047

2012

Open to Public  
Inspection

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. Part II can be duplicated if additional space is needed.

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

▶

3

Enter total number of other organizations listed in the line 1 table . . . . .

▶

Part III

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

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	PART I, LINE 2 - PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS 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 GPA 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
CLOTHING	267		69,077	FMV	CLOTHING
OTHER ASSISTANCE TO YOUTH	142		91,446	FMV	BEAUTY/HYGIENE
GIFTS	267		46,814	FMV	GIFTS
TICKETS	267		39,590	FMV	TICKETS
SCHOLARSHIP - HIGH SCHOOL	15	64,000			
SCHOLARSHIP - COLLEGE	6	56,882			
YOUTH DUES AND FEES	267	3,230			
YOUTH & ALLOWANCE	267	75,246			

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
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 of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<div><input type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div>	<div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
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?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOHN F POELKING COO	(i) (ii)	150,000			8,001		158,001	
(2)SHIRAZ MAHMUD BUTT MEDICAL DIRECTOR	(i) (ii)	338,812			30,839		369,651	
(3)MARK J FRIEDMAN PSYCHIATRIST	(i) (ii)	188,764			20,709		209,473	
(4)LAUREN HAYOUNG SHIN PSYCHIATRIST	(i) (ii)	180,709			9,872		190,581	
(5)MARTA BANEGAS SHIKARI PSYCHIATRIST	(i) (ii)	152,776			8,149		160,925	



Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

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

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARYVILLE ACADEMY

Employer identification number  
36-2170873

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,136	COST / SELLING PRICE
5 Clothing and household goods . . . . .	X		35,196	COST / SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	3	1,655	
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>GOLFING / EQUIP</u> ) . . . . .	X	22	31,649	COST / SELLING PRICE
26 Other ► ( <u>TOYS</u> ) . . . . .	X	39	6,972	COST / SELLING PRICE
27 Other ► ( <u>TICKETS / CARDS</u> ) . . . . .	X	62	18,389	COST / SELLING PRICE
28 Other ► ( <u>MISC</u> ) . . . . .	X	43	48,828	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

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

30a

Yes

No

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

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

31

Yes

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

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization MARYVILLE ACADEMY	Employer identification number  36-2170873
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	FORM - 990 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 130 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 AGE YOUTHS LIVING IN ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THE CITY OF CHICAGO (EXPENSES 7,044,544 INCLUDING GRANTS OF 175,865) (REVENUE 5,892,215)</p>

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

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	NO DOCUMENTS AVAILABLE TO THE PUBLIC

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 26,654 WAS 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 45 HOURS PER WEEK AS AN AUXILLIARY BISHOP FOR THE CATHOLIC ARCHDIOCESE OF CHICAGO

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	SPECIAL EVENTS 200,858 SPECIAL EVENTS -200,858 BOOK / TAX DEPRECIATION DIFFERENCE 1,768,593

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
MARYVILLE ACADEMY

Employer identification number  
36-2170873

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ARCHDIOCESE OF CHICAGO 835 N RUSH ST CHICAGO, IL 60611					N/A		No
(2) MARYVILLE FOUNDATION 1150 N RIVER RD DES PLAINES, IL 60016					N/A		No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No



Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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

[illegible]

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

**Part VII** Supplemental Information

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

Identifier	Return Reference	Explanation	
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# Maryville Academy

Financial Statements as of and for the Years Ended  
June 30, 2013 and 2012, Supplemental Schedule  
for the Year Ended June 30, 2013, 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"), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities and change in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Maryville's preparation and fair presentation of the financial statements in order to design 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. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

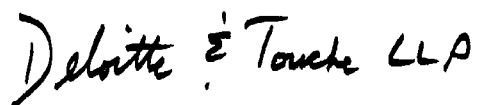
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Maryville as of June 30, 2013 and 2012, and the results of its activities and changes in net assets, its functional expenses, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

## Report on Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule 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 schedule 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 schedule has been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedule 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 schedule is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

December 16, 2013

# MARYVILLE ACADEMY

## STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2013 AND 2012

	2013	2012
<b>ASSETS</b>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,544,497	\$ 2,821,996
Funds held for others	215,758	218,318
Accounts receivable — less allowance for doubtful accounts of \$178,256 and \$295,012 in 2013 and 2012, respectively	3,238,189	4,900,816
Accounts receivable — nonprogram	612,050	824,242
Contributions receivable — current portion	74,536	33,853
Accrued interest receivable	210,938	228,061
Other assets	549,524	448,131
Total current assets	6,445,492	9,475,417
INVESTMENTS	62,644,657	57,512,206
LONG-TERM RECEIVABLE		350,897
CONTRIBUTIONS RECEIVABLE	31,095	56,826
CASH SURRENDER VALUE OF INSURANCE POLICIES	1,596,174	1,540,045
LAND, BUILDINGS, AND EQUIPMENT — Net	10,758,954	10,878,680
SPLIT-INTEREST AND REMAINDER TRUST AGREEMENTS	494,063	488,941
TOTAL	<u>\$ 81,970,435</u>	<u>\$ 80,303,012</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES		
Accounts payable	\$ 991,832	\$ 1,041,155
Accrued compensation and payroll taxes	2,010,643	1,913,338
Other accrued expenses	3,343,362	2,995,689
Due to governmental agencies	982,133	185,580
Other liabilities	278,756	196,452
Total current liabilities	7,606,726	6,332,214
ASSET RETIREMENT OBLIGATIONS	716,572	682,521
OTHER LONG-TERM LIABILITIES	232,943	266,220
ACCRUED POSTRETIREMENT BENEFITS	366,550	889,775
PENSION LIABILITY	13,159,939	
Total liabilities	<u>22,082,730</u>	<u>8,170,730</u>
NET ASSETS		
Unrestricted	59,268,575	71,450,617
Temporarily restricted	619,130	681,665
Total net assets	<u>59,887,705</u>	<u>72,132,282</u>
TOTAL	<u>\$ 81,970,435</u>	<u>\$ 80,303,012</u>

See notes to financial statements



# MARYVILLE ACADEMY

## STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

	2013			2012		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
CHANGE IN NET ASSETS						
Revenues						
Fees and grants from governmental agencies	\$ 31,942,230	\$ -	\$ 31,942,230	\$36,067,162	\$ -	\$36,067,162
Other	<u>1,165,543</u>	<u>          </u>	<u>1,165,543</u>	<u>1,361,416</u>	<u>          </u>	<u>1,361,416</u>
Total revenues	<u>33,107,773</u>	<u>-</u>	<u>33,107,773</u>	<u>37,428,578</u>	<u>-</u>	<u>37,428,578</u>
Support						
Contributions and bequests	1,385,243	484,665	1,869,908	1,041,207	691,098	1,732,305
Special events	340,966		340,966	350,484		350,484
Donated goods and services	143,825		143,825	148,575		148,575
Net assets released from restrictions	<u>547,200</u>	<u>(547,200)</u>	<u>-</u>	<u>523,139</u>	<u>(523,139)</u>	<u>-</u>
Total support	<u>2,417,234</u>	<u>(62,535)</u>	<u>2,354,699</u>	<u>2,063,405</u>	<u>167,959</u>	<u>2,231,364</u>
Total revenues and support	<u>35,525,007</u>	<u>(62,535)</u>	<u>35,462,472</u>	<u>39,491,983</u>	<u>167,959</u>	<u>39,659,942</u>
Expenses						
Program services						
Residential treatment	13,983,847		13,983,847	14,720,500		14,720,500
Shelter care	2,069,625		2,069,625	2,117,765		2,117,765
Specialized programs	3,723,082		3,723,082	3,811,496		3,811,496
Medical programs	16,477,597		16,477,597	14,374,278		14,374,278
Recreation education outreach	<u>4,479,950</u>	<u>          </u>	<u>4,479,950</u>	<u>4,376,168</u>	<u>          </u>	<u>4,376,168</u>
Total program services	<u>40,734,101</u>	<u>-</u>	<u>40,734,101</u>	<u>39,400,207</u>	<u>-</u>	<u>39,400,207</u>
Supporting services						
Management and general	2,074,712		2,074,712	1,593,936		1,593,936
Development	<u>1,010,706</u>	<u>          </u>	<u>1,010,706</u>	<u>972,292</u>	<u>          </u>	<u>972,292</u>
Total supporting services	<u>3,085,418</u>	<u>-</u>	<u>3,085,418</u>	<u>2,566,228</u>	<u>-</u>	<u>2,566,228</u>
Total expenses	<u>43,819,519</u>	<u>-</u>	<u>43,819,519</u>	<u>41,966,435</u>	<u>-</u>	<u>41,966,435</u>
Subtotal	<u>(8,294,512)</u>	<u>(62,535)</u>	<u>(8,357,047)</u>	<u>(2,474,452)</u>	<u>167,959</u>	<u>(2,306,493)</u>
Interest and dividends	1,708,528		1,708,528	1,798,136		1,798,136
Net realized gain (loss) on investments	1,015,155		1,015,155	(98,533)		(98,533)
Change in net unrealized gains (losses) on investments	5,602,464		5,602,464	(1,159,247)		(1,159,247)
Gain on disposal of assets	2,897		2,897	119,471		119,471
Postretirement changes other than net periodic benefit cost	533,974		533,974	(988,433)		(988,433)
Pension changes other than net periodic benefit cost	<u>(12,750,548)</u>	<u>          </u>	<u>(12,750,548)</u>	<u>-</u>	<u>          </u>	<u>-</u>
CHANGES IN NET ASSETS	<u>(12,182,042)</u>	<u>(62,535)</u>	<u>(12,244,577)</u>	<u>(2,803,058)</u>	<u>167,959</u>	<u>(2,635,099)</u>
NET ASSETS — Beginning 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>
NET ASSETS — End of year	<u>\$ 59,268,575</u>	<u>\$ 619,130</u>	<u>\$ 59,887,705</u>	<u>\$71,450,617</u>	<u>\$ 681,665</u>	<u>\$72,132,282</u>

See notes to financial statements

# MARYVILLE ACADEMY

## STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2013

	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	\$ 7,268,403	\$ 938,123	\$2,027,327	\$ 6,600,284	\$1,982,349	\$18,816,486	\$ 58,804	\$ -	\$ 58,804	\$ 18,875,290
Program clerical staff salaries	124,293	29,770	33,579	55,146		242,788			-	242,788
Program payroll taxes and fringe benefits	1,985,453	289,896	504,611	1,373,258	547,541	4,700,759	55,965		55,965	4,756,724
Program consultants	35,172	7,393	94,372	934,778	42,970	1,114,685	(315)		(315)	1,114,370
Consumer wages and fringe benefits	5,411	184			29,288	34,883			-	34,883
Medicine and drugs	18,808	688	14,976	723,816	238	758,526	(8,219)		(8,219)	750,307
All other direct service equipment and supplies	5,835	1,898	7,466	9,714	38,088	63,001	1,519		1,519	64,520
Staff transportation	22,693	4,751	1,882	3,049	11,996	44,371	370		370	44,741
Client transportation	218,426	22,733	15,665	12,388	14,988	284,200	92,910		92,910	377,110
Direct service staff conferences and conventions	4,505	30	1,445	9,848	9,142	24,970	64,280	1,013	65,293	90,263
Program insurance	179,588	27,631	67,693	359,314	40,520	674,746	33,359	3,564	36,923	711,669
Direct client-specific assistance	253,213	37,166	2,685	16,710	136,509	446,283	420	2,653	3,073	449,356
Telecommunication costs assigned to program	17,831	13,130	14,955	7,467	2,066	55,449	2,062		2,062	57,511
Other	14,724	3,637	32,604	5,643	318,773	375,381	203	94,278	94,481	469,862
Total program expenses	10,154,355	1,377,030	2,819,260	10,111,415	3,174,468	27,636,528	301,358	101,508	402,866	28,039,394
SUPPORT EXPENSES										
Support salaries		34,252	23,872	485,882	17,778	561,784			-	561,784
Support payroll taxes and fringe benefits		13,210	3,321	180,451	3,102	200,084			-	200,084
Dietary supplies	426,733	70,973	23,253	215,926	59,610	766,495	18,295	6,984	25,279	821,774
Housekeeping and laundry supplies	61,109	7,729	14,811	32,907	6,852	123,408	7,125		7,125	130,533
Other	1,283	2,530	2,389	80,291	438	86,931	6,930		6,930	93,861
Total support expenses	489,125	128,694	67,646	995,457	87,780	1,768,702	32,350	6,984	39,334	1,808,036
OCCUPANCY EXPENSES										
Occupancy salaries	52,336	38,487	40,025	81,769	44,859	257,476	242,337		242,337	499,813
Occupancy payroll taxes and fringe benefits	14,767	10,001	18,332	21,140	9,493	73,733	86,413		86,413	160,146
Building and equipment operations and maintenance	468,684	88,750	136,345	588,210	246,947	1,528,936	711,131	21,033	732,164	2,261,100
Depreciation	239,294	30,103	73,115	706,470	94,986	1,143,968	624,307	318	624,625	1,768,593
All other leases rent taxes					1,008	1,008	3,297		3,297	4,305
Equipment	10,472	295	2,351	17,630	2,904	33,652	33,802	150	33,952	67,604
Other	67,002	47,948	13,218	106,308	15,963	250,439	252,780	24	252,804	503,243
Total occupancy expenses	852,555	215,584	283,386	1,521,527	416,160	3,289,212	1,954,067	21,525	1,975,592	5,264,804
ADMINISTRATIVE EXPENSES										
Administrative salaries	21,790	39,737	80,901	559,116	114,569	816,113	2,648,747	309,379	2,958,126	3,774,239
Administrative payroll taxes and fringe benefits	10,845	5,952	11,106	190,377	17,867	236,147	618,509	77,020	695,529	931,676
Administrative consultants	24,223	4,435	13,361	365,097	15,294	422,410	674,141	81,167	755,308	1,177,718
Telecommunication costs not assigned to program	3,821	2,617	2,560	55,415	667	65,080	48,727	373	49,100	114,180
Office supplies and equipment	12,201	1,143	3,178	43,263	4,703	64,488	26,412	47,463	73,875	138,363
Other	3,718	525	(49,635)	1,431,712	8,362	1,394,682	851,935	324,492	1,176,427	2,571,109
Allocation of management and general	2,411,214	293,908	491,319	1,204,218	640,080	5,040,739	(5,081,534)	40,795	(5,040,739)	-
Total administrative expenses	2,487,812	348,317	552,790	3,849,198	801,542	8,039,659	(213,063)	880,689	667,626	8,707,285
TOTAL EXPENSES	\$13,983,847	\$2,069,625	\$3,723,082	\$16,477,597	\$4,479,950	\$40,734,101	\$ 2,074,712	\$1,010,706	\$ 3,085,418	\$43,819,519

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	17,730	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	37,98	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

## STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (12,244,577)	\$ (2,635,099)
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities		
Depreciation and accretion	1,802,645	1,656,160
Net realized (gain) loss on investments	(1,015,155)	98,533
Change in net unrealized (gains) losses on investments	(5,602,464)	1,159,247
Net gain on disposal of assets	(2,897)	(119,471)
Provision for bad debt	(5,079)	193,973
Change in cash surrender value of insurance policies	(56,129)	1,598,394
Change in value of split-interest agreements	3,460	1,138
Change in value of remainder trust agreement	(8,582)	(43,228)
Pension and postretirement changes other than net periodic benefit costs	12,216,574	988,433
Change in other assets and liabilities		
Funds held for others	2,560	(182)
Accounts receivable	1,879,898	(481,480)
Contributions receivable	(14,952)	(30,252)
Accrued interest receivable	17,123	(5,335)
Other assets	(101,393)	(60,909)
Long-term receivable	350,897	390,199
Accounts payable	(5,033)	(63,898)
Accrued compensation and payroll taxes	97,305	230,955
Accrued postretirement benefits	420,140	(28,258)
Other accrued expenses	347,673	18,623
Due to governmental agencies	796,553	(1,222,373)
Other liabilities	82,304	(56,366)
Asset retirement obligations		(32,939)
Other long-term liabilities	(33,277)	(66,558)
Net cash (used in) provided by operating activities	<u>(1,072,406)</u>	<u>1,489,307</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale or maturity of investments	40,251,888	14,577,398
Purchases of investments	(38,766,720)	(14,170,309)
Purchases of land, buildings, and equipment	(1,704,012)	(1,288,937)
Proceeds from disposition of land, buildings, and equipment	<u>13,751</u>	<u>196,259</u>
Net cash used in investing activities	<u>(205,093)</u>	<u>(685,589)</u>
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(1,277,499)	803,718
CASH AND CASH EQUIVALENTS — Beginning of year	<u>2,821,996</u>	<u>2,018,278</u>
CASH AND CASH EQUIVALENTS — End of year	<u>\$ 1,544,497</u>	<u>\$ 2,821,996</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION — Noncash additions to property and equipment	<u>\$ 111,886</u>	<u>\$ 156,176</u>

See notes to financial statements

# MARYVILLE ACADEMY

## NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

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### 1. PURPOSE AND ORGANIZATION

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

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

These financial statements only reflect the operations of Maryville and do not reflect the operations of the other agencies and organizations that are part of the Archdiocese of Chicago (the "Archdiocese"), 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 face amount of these insurance policies totals \$2,676,339 and \$2,557,971 and the total cash surrender value is \$1,596,174 and \$1,540,045 at June 30, 2013 and 2012, respectively. The annual premium payments for fiscal years 2013 and 2012 were \$6,096 and \$3,604, 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, 2013 and 2012.

**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 using 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 standard 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, 2013 or 2012.

**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 regulatory remediation. As of June 30, 2013, the liability for asset retirement obligations totaled \$716,572 and the related asset totaled \$42,371, net of accumulated depreciation of \$91,420. 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.

**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, 2013 and 2012.

Temporarily restricted net assets as of June 30, 2013 and 2012, are available for the following purposes or periods

	2013	2012
Purpose restrictions — available for spending		
Residential programs	\$ 88,924	\$ 67,221
Specialized program	56,153	176,236
Recreation program		400
Education program	27,087	1,424
Medical program	2,000	
	<hr/>	<hr/>
Total purpose — restricted net assets	174,164	245,281
Time restrictions — remainder trust	444,966	436,384
	<hr/>	<hr/>
Total temporarily restricted net assets	<u>\$619,130</u>	<u>\$681,665</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, 2013, \$31,095 of contributions receivable are expected to be paid between one and three 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, 2013. 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 Updates Adopted** — Effective July 1, 2012, Maryville adopted Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. Generally Accepted Accounting Principles ("U.S. GAAP") and International Financial Reporting Standards ("IFRS")*, which amends ASC 820, *Fair Value Measurements and Disclosures*. The amendments in this update require 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 adoption did not have a material effect on the statements of financial position, statements of activities and changes in net assets, statements of functional expenses, and statements of cash flows.

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. Maryville has adopted this ASU by disclosing the name of the pension plan in which it participates and the amount of contributions it made to the pension plan within Note 6.

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. Maryville adopted the provisions of this ASU and the adoption did not have a material effect on the statements of financial position, statements of activities and changes in net assets, statements of functional expenses, and statements of cash flows.

**Accounting Standards Updates Issued Not Yet Adopted** — In April 2013, the FASB issued ASU No. 2013-06, *Services Received from Personnel of an Affiliate*, to specify the guidance that not-for-profit entities apply for recognizing and measuring services received from personnel of an affiliate. The amendments in this update require a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. Those services should be measured at the cost recognized by the affiliate for the personnel providing those services. However, if measuring a service received from personnel of an affiliate at cost will significantly overstate or understate the value of the service received, the recipient not-for-profit entity may elect to recognize that service received at either (1) the cost recognized by the affiliate for the personnel providing that service or (2) the fair value of that service. The new guidance is effective for reporting periods beginning after June 15, 2014. Maryville's management had not yet determined the impact on 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, 2013, Maryville has evaluated all subsequent events through December 16, 2013, which is the date the financial statements were available to be issued.



### 3. INVESTMENTS

Investments at fair value as of June 30, 2013 and 2012, are as follows

	2013	2012
Mutual funds	\$ 14,078,487	\$ 34,161,041
Domestic equity securities	24,941,809	
Foreign equity securities	<u>1,432,122</u>	<u></u>
Subtotal	<u>40,452,418</u>	<u>34,161,041</u>
Fixed income securities		
U S government	1,814,690	2,221,630
U S government agencies	8,119,650	8,393,133
Corporate bonds	11,736,472	12,602,298
Asset-backed securities	273,162	29,011
Mortgage-backed securities	<u>248,265</u>	<u>105,093</u>
Total fixed income securities	<u>22,192,239</u>	<u>23,351,165</u>
Total investments	<u>\$62,644,657</u>	<u>\$57,512,206</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, 2013 and 2012, are summarized as follows

<b>2013</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Mutual funds	\$ 14,078,487	\$ -	\$ -	\$ 14,078,487
Domestic equity securities	24,941,809			24,941,809
Foreign equity securities	<u>1,432,122</u>	<u></u>	<u></u>	<u>1,432,122</u>
Subtotal	<u>40,452,418</u>	<u>-</u>	<u>-</u>	<u>40,452,418</u>
Fixed income securities				
U S government	1,814,690			1,814,690
U S government agencies		8,119,650		8,119,650
Corporate bonds		11,736,472		11,736,472
Asset-backed securities		273,162		273,162
Mortgage-backed securities	<u></u>	<u>248,265</u>	<u></u>	<u>248,265</u>
Total fixed income securities	<u>1,814,690</u>	<u>20,377,549</u>	<u>-</u>	<u>22,192,239</u>
Total	<u>\$ 42,267,108</u>	<u>\$ 20,377,549</u>	<u>\$ -</u>	<u>\$ 62,644,657</u>
<b>2012</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Mutual funds	<u>\$ 34,161,041</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 34,161,041</u>
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	<u></u>	<u>105,093</u>	<u></u>	<u>105,093</u>
Total fixed income securities	<u>2,221,630</u>	<u>21,129,535</u>	<u>-</u>	<u>23,351,165</u>
Total	<u>\$ 36,382,671</u>	<u>\$ 21,129,535</u>	<u>\$ -</u>	<u>\$ 57,512,206</u>

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

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

Domestic equity securities include investments in large-cap, mid-cap, and small-cap companies located in the United States. Equity securities are valued based on quoted prices from an exchange. To the extent these securities are actively traded and valuation adjustments are not applied, they are 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 2013 and 2012, Maryville's depreciation expense totaled \$1,768,593 and \$1,624,060, respectively. Major classes of property and equipment as of June 30, 2013 and 2012, are as follows:

	2013	2012
Land	\$ 1,601,203	\$ 1,601,203
Buildings	29,356,547	29,356,547
Building and land improvements	10,378,399	9,567,635
Vehicles	1,199,474	1,269,536
Furniture and fixtures	1,926,703	1,602,120
Computer equipment and software	2,165,915	5,361,404
Asset retirement obligation	<u>133,791</u>	<u>133,791</u>
Total property and equipment	46,762,032	48,892,236
Less accumulated depreciation	<u>36,003,078</u>	<u>38,013,556</u>
Land, buildings, and equipment — net	<u>\$ 10,758,954</u>	<u>\$ 10,878,680</u>

## 6. RETIREMENT BENEFITS

**Pension Benefits** — Prior to April 2, 2013, employees of Maryville were participants in the noncontributory pension plan of Catholic Charities of the Archdiocese of Chicago ("Catholic Charities"), which covered all eligible employees. Since the pension plan covers several entities, separate benefit and asset information applicable to Maryville was not available prior to April 2, 2013. For fiscal year 2012, Maryville's pension expense totaled \$1,007,501.

Effective April 2, 2013, Maryville ceased participation in the Catholic Charities Pension Plan. As Maryville is within the same controlled group as Catholic Charities (both entities are overseen by the CBC), the spin-off was accounted for as a division of pension plans. The division of Maryville from the plan resulted in the Maryville Pension Plan (the "Plan") acquiring \$18,928,307 of plan assets and \$35,980,700 in projected benefit obligation. Decrease in net assets from the spin-off of \$17,052,393 is included in the statement of activities and change in net assets within the line item pension changes other than net periodic benefit cost.

The Plan was adopted on April 2, 2013. The Plan provides annual retirement benefits (over and above normal social security benefits) equal to 112.5% of average earnings within the last five years of service multiplied by the number of years of full-time service up to 15 years, plus 1.5% of average earnings, as defined above, multiplied by the number of years of service in excess of 15 years. Plan assets consist primarily of equity securities, mutual funds, and fixed income securities. The assets for this plan are segregated and held in a separate legal trust.

**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.

Summary information for the pension benefits as of June 30, 2013, and postretirement benefits as of June 30, 2013 and 2012, is as follows:

	Pension Benefits	Postretirement Benefits	
	2013	2013	2012
Change in projected benefit obligation			
Projected benefit obligation — beginning of year	\$ -	\$ 5,513,312	\$ 4,662,051
Service cost	254,414	39,371	30,172
Interest cost	379,672	198,817	231,094
Actuarial (gains)/losses	(4,849,143)	(689,902)	836,752
Benefits paid	(101,793)	(255,602)	(246,757)
Obligations assumed from spin-off from multiemployer plan	35,980,700		
Projected benefit obligation — end of year	<u>\$ 31,663,850</u>	<u>\$ 4,805,996</u>	<u>\$ 5,513,312</u>
Change in plan assets			
Fair value of plan assets — beginning of year	\$ -	\$ 4,623,537	\$ 4,732,451
Actual return on plan assets	(372,603)	71,511	137,843
Employer contribution	50,000		
Benefits paid	(101,793)	(255,602)	(246,757)
Assets received from spin-off from multiemployer plan	18,928,307		
Fair value of plan assets — end of year	<u>\$ 18,503,911</u>	<u>\$ 4,439,446</u>	<u>\$ 4,623,537</u>
Funded status — end of year	<u>\$ (13,159,939)</u>	<u>\$ (366,550)</u>	<u>\$ (889,775)</u>
Amounts recognized in the statements of financial position — accrued liability	<u>\$ (13,159,939)</u>	<u>\$ (366,550)</u>	<u>\$ (889,775)</u>

The components of net periodic benefit cost for pension benefits for the year ended June 30, 2013, and net periodic benefit cost/(income) for postretirement benefits for the years ended June 30, 2013 and 2012, are as follows

	<b>Pension Benefits</b>	<b>Postretirement Benefits</b>	
	<b>2013</b>	<b>2013</b>	<b>2012</b>
Components of net periodic benefit cost/(income).			
Service cost	\$ 254,414	\$ 39,371	\$ 30,172
Interest cost	379,672	198,817	231,094
Expected return on plan assets	(372,559)	(89,673)	(92,033)
Amortization of prior service credit	(19,110)	(297,352)	(297,352)
Recognized net actuarial loss	<u>166,974</u>	<u>159,586</u>	<u>99,861</u>
Total net periodic benefit cost/(income)	<u>\$ 409,391</u>	<u>\$ 10,749</u>	<u>\$ (28,258)</u>

The pension and postretirement benefit plan items not yet recognized as a component of periodic pension and postretirement cost/(income), but included as a separate charge to net assets for the years ended June 30, 2013 and 2012, are as follows

	<b>Pension Benefits</b>	<b>Postretirement Benefits</b>	
	<b>2013</b>	<b>2013</b>	<b>2012</b>
Reclassification adjustment for recognition of prior service credit	\$ (563,932)	\$ 297,352	\$ 297,352
Reclassification adjustment for recognition of net actuarial loss	166,974	(159,586)	(99,861)
Net actuarial loss/(gain) arising during the period*	<u>8,347,607</u>	<u>(671,740)</u>	<u>790,942</u>
Pension and postretirement-related changes other than net periodic benefit cost	<u>\$ 7,950,649</u>	<u>\$ (533,974)</u>	<u>\$ 988,433</u>

\* Net actuarial loss arising during the period for the pension benefits includes \$12,202,494 obtained in spin-off from multiemployer plan

The pension and postretirement benefit plan accumulated losses and prior service credits not yet recognized as a component of periodic pension and postretirement benefit cost, but accumulated in unrestricted net assets as of June 30, 2013 and 2012, are as follows

	<b>Pension Benefits</b>	<b>Postretirement Benefits</b>	
	<b>2013</b>	<b>2013</b>	<b>2012</b>
Unrecognized net actuarial loss	\$ 8,514,581	\$ 1,425,981	\$ 2,257,307
Unrecognized prior service credit	<u>(563,932)</u>	<u>(1,870,343)</u>	<u>(2,167,695)</u>
Net unrecognized periodic benefit cost (income)	<u>\$ 7,950,649</u>	<u>\$ (444,362)</u>	<u>\$ 89,612</u>

The amortization of net actuarial loss and prior service credit expected to be recognized as components of net periodic pension benefit cost during fiscal year 2014 are \$480,180 and \$76,439, respectively

The amortization of net actuarial loss and prior service credit expected to be recognized as components of net periodic postretirement benefit cost during fiscal year 2014 are \$87.861 and \$297.352, respectively.

Actuarial assumptions for the Plan for the years ended June 30, 2013 and 2012, are as follows

	<b>Pension Benefits</b>	<b>Postretirement Benefits</b>	
	<b>2013</b>	<b>2013</b>	<b>2012</b>
Weighted-average assumptions.			
Discount rate — benefit obligation	4.86 %	4.28 %	3.70 %
Discount rate — benefit cost	4.37	3.70	5.10
Expected return on plan assets	8.00	2.00	2.00
Rate of compensation increase	2.00		

For measurement purposes, a 7.5% and 8.0% gross health care trend rate and a 5.0% gross dental care trend rate was used for 2013 and 2012, respectively. Medical trend rates were assumed to be 7.5% and decrease to 5.0% at a rate of 0.5% per year.

In fiscal year 2014, Maryville expects to contribute \$931.105 to its pension plan and does not expect to contribute to the postretirement medical retiree plan.

Plan assets for the years ended June 30, 2013 and 2012, are as follows

	<b>Pension Benefits</b>	<b>Postretirement Benefits</b>	
	<b>2013</b>	<b>2013</b>	<b>2012</b>
Fixed income securities	15 %	79 %	81 %
Mutual funds – fixed income	8		
Domestic equity securities	39		
Mutual funds – equity	26	15	14
Short-term investments	12	6	5
Total	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>

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

<b>Years Ending June 30</b>	<b>Pension Benefits</b>	<b>Postretirement Benefits</b>
2014	\$ 850.686	\$ 290.924
2015	870.861	295.802
2016	918.500	303.024
2017	1,028.973	310.435
2018	1,111.356	320.611
2019–2023	<u>7,165.647</u>	<u>1,546.049</u>
Total	<u>\$ 11,946.023</u>	<u>\$ 3,066.845</u>

**Pension Plan Assets Measured at Fair Value** — Assets measured at fair value on a recurring basis as of June 30, 2013, are summarized as follows

<b>2013</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Short-term investments	\$ 2,188,073	\$ -	\$ -	\$ 2,188,073
Mutual funds – equity	4,809,575			4,809,575
Domestic equity securities	7,181,070			7,181,070
Mutual funds – fixed income	1,438,030			1,438,030
Fixed income securities:				
Municipal bonds		537,685		537,685
U S government agencies		935,046		935,046
Corporate bonds		1,414,432		1,414,432
Total fixed income securities	<u>-</u>	<u>2,887,163</u>	<u>-</u>	<u>2,887,163</u>
Total	<u>\$15,616,748</u>	<u>\$2,887,163</u>	<u>\$ -</u>	<u>\$ 18,503,911</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, money market mutual funds, and certificates of deposit and are generally categorized in Level 1 of the fair value hierarchy.

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.

Domestic equity securities include investments in large-cap, mid-cap, and small-cap companies located in the United States. Equity securities are valued based on quoted prices from an exchange. To the extent these securities are actively traded and valuation adjustments are not applied, they are categorized in Level 1 of the fair value hierarchy.

Fixed income securities are comprised of municipal bonds, U S government agency securities, and corporate bonds. The fair value of U S government agency securities, municipal bonds, and corporate bonds is 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, municipal bonds, and corporate bonds are generally categorized in Level 2 of the fair value hierarchy.

**Postretirement Benefit Plan Assets Measured at Fair Value** — Assets measured at fair value on a recurring basis as of June 30, 2013 and 2012, are summarized as follows

<b>2013</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Short-term investments	<u>\$ 237,595</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 237,595</u>
Mutual funds – equity	<u>671,825</u>	<u>-</u>	<u>-</u>	<u>671,825</u>
Fixed income securities				
U S government	1,135,312			1,135,312
U S government agencies		948,874		948,874
Corporate bonds		<u>1,445,840</u>		<u>1,445,840</u>
Total fixed income securities	<u>1,135,312</u>	<u>2,394,714</u>	<u>-</u>	<u>3,530,026</u>
Total	<u>\$2,044,732</u>	<u>\$2,394,714</u>	<u>\$ -</u>	<u>\$4,439,446</u>
<b>2012</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Short-term investments	<u>\$ 236,093</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 236,093</u>
Mutual funds – equity	<u>665,804</u>	<u>-</u>	<u>-</u>	<u>665,804</u>
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>

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, money market mutual funds, and certificates of deposit and are generally categorized in Level 1 of the fair value hierarchy.

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.



## 7. EMPLOYER-DEFINED CONTRIBUTION PLAN

Maryville established a 403(b) defined contribution plan (the "Defined Contribution Plan") on March 1, 2006. The Defined Contribution 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 Defined Contribution 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 Defined Contribution 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 2013, discretionary contributions to the Defined Contribution Plan for the Jen School employees totaled \$104,570. For fiscal year 2012, Maryville did not make any discretionary contributions to the Defined Contribution Plan.

## 8. 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 six and eight for fiscal years 2013 and 2012, respectively. Maryville expensed \$56,882 and \$64,728 for scholarships in fiscal years 2013 and 2012, respectively.

Future scholarship commitments as of June 30, 2013, for former Maryville residents currently participating in the scholarship program are as follows:

<b>Years Ending June 30</b>	<b>Amount</b>
2014	\$ 39,000
2015	<u>15,000</u>
Total	<u>\$ 54,000</u>

## 9. RELATED-PARTY TRANSACTIONS

Maryville paid the Archdiocese \$1,567 and \$1,575 for miscellaneous expenses during fiscal years 2013 and 2012, 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 \$315,917 and \$330,558, respectively, as of June 30, 2013 and 2012, which is included in the current liabilities in the statements of financial position. In addition, as of June 30, 2013 and 2012, Maryville had a balance due to the Archdiocese of \$177,126, which is included in current liabilities in the statements of financial position.

Maryville has a long-term note receivable due from the Archdiocese of \$350,897 and \$906,126 of which \$0 and \$350,897 is reported as a long-term receivable and the current portion is included in accounts receivable — nonprogram in the statements of financial position as of June 30, 2013 and 2012, 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 \$64,000 and \$71,655 for fiscal years 2013 and 2012, respectively.

Maryville funded the Archdiocese's Office of Catechesis activities totaling \$282,517 and \$275,042 for fiscal years 2013 and 2012, respectively. As of June 30, 2013 and 2012, Maryville had paid all amounts due to the Archdiocese for payments to the Office of Catechesis.

Maryville had various related-party transactions with Catholic Charities during 2013 and 2012. 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 \$0 and \$1,417,413 for fiscal years 2013 and 2012, respectively. All premiums for fiscal 2012 were paid as of January 31, 2012. On July 1, 2011, Catholic Charities entered into a 10-year lease agreement for a building owned by Maryville. In lieu of making rent payments, Maryville will reduce its liability to Catholic Charities of \$266,220, which represents insurance proceeds for damage to a building Maryville previously rented from Catholic Charities. Maryville recognized \$33,279 of rental income for fiscal years 2013 and 2012.

On January 1, 2012, Maryville enrolled in the Catholic Charities USA health and welfare plan.

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.

## **10. 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, 2013 and 2012, the cost of providing charity was estimated at approximately \$79,840 and \$6,347, respectively.

Due to the issuance of and Maryville's adoption of ASU 2010-23, *Measuring Charity Care for Disclosure*, in fiscal 2012, Maryville changed its method of measuring charity care from charges forgone to cost per patient day. The change of measuring charity care from charges forgone to cost per patient day has no impact on the statement of activities and changes in net assets for fiscal year 2012.

## **11. 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.

\* \* \* \* \*

## **SUPPLEMENTAL SCHEDULE**

# MARYVILLE ACADEMY

## SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2013

	Residential						Shelter Care		Specialized Programs			
	Casa Salama	Casa Imani	Casa Carino	St George	St Vincent	St Martin	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	\$ 3,048,204	\$ 1,516,568	\$ 1,311,514	\$ 3,453,028	\$ 2,068,924	\$ 1,032,146	\$ 12,430,384	\$ 2,001,083	\$ 2,001,083	\$ -	\$ -	\$ -
Department of Healthcare and Family Services	22,413	2,197	13,846	14,142	13,437	3,119	69,154	2,909	2,909	2,422,622		2,422,622
Other government programs	163,811						163,811					
Rent												
Interest, dividends, net realized and unrealized losses												
Other	2,433	548	326	984	68,258	1,388	73,937	768	768	66,063	22,106	88,169
Total revenues	3,236,861	1,519,313	1,325,686	3,468,154	2,150,619	1,036,653	12,737,286	2,004,760	2,004,760	2,488,685	22,106	2,510,791
Support												
Donated goods and services	855						855	1,800	1,800	6,300	23,020	29,320
Contributions and bequests	25,675	16,750	8,770	250	20	300	51,765	250	250	1,335	341,918	343,253
Special events											89,482	89,482
Net assets released from restrictions	9,231	13,124	1,781	1,000	2,000		27,136			50,000	421,210	471,210
Total support	35,761	29,874	10,551	1,250	2,020	300	79,756	2,050	2,050	57,635	875,630	933,265
Total revenue and support	3,272,622	1,549,187	1,336,237	3,469,404	2,152,639	1,036,953	12,817,042	2,006,810	2,006,810	2,546,320	897,736	3,444,056
EXPENSES												
Program expenses												
Program staff salaries	1,800,596	862,051	800,669	1,880,088	1,308,808	616,191	7,268,403	938,123	938,123	1,619,700	407,627	2,027,327
Program clerical and staff salaries	39,569	13,785	7,237	32,513	29,144	2,045	124,293	29,770	29,770	16,790	16,789	33,579
Program payroll taxes and fringe benefits	530,198	231,804	206,566	497,958	336,172	182,755	1,985,453	289,896	289,896	377,482	127,129	504,611
Program consultants	12,599	10,017	5,404	3,787	3,365		35,172	7,393	7,393	92,637	1,735	94,372
Consumer wages and fringe benefits	2,509	1,932		597	186	187	5,411		184			
Medicine and drugs	6,360	1,989	2,645	3,068	2,849	1,897	18,808	688	688	14,700	276	14,976
All other direct service equipment and supplies	85	3,072	82	514	2,082		5,835	1,898	1,898	3,926	3,540	7,466
Staff transportation	10,588	1,047	653	7,192	2,214	999	22,693	4,751	4,751	1,532	350	1,882
Client transportation	61,078	35,346	14,083	62,358	19,899	25,662	218,426	22,733	22,733	13,537	2,128	15,665
Direct service staff conferences and conventions	1,358	189	441	1,481	707	329	4,505	30	30	1,445		1,445
Program insurance	44,545	24,416	17,431	44,463	30,462	18,271	179,588	27,631	27,631	50,571	17,122	67,693
Direct client-specific assistance	71,813	37,046	25,292	75,002	29,568	14,492	253,213	37,166	37,166	1,651	1,034	2,685
Telecommunication costs assigned to program	8,173	4,569	1,301	1,854	660	1,274	17,831	13,130	13,130	6,928	8,027	14,955
Other	3,085	3,404	2,954	1,556	3,054	671	14,724	3,637	3,637	9,283	23,321	32,604
Total program expenses	2,592,556	1,230,667	1,084,758	2,612,431	1,769,170	864,773	10,154,355	1,377,030	1,377,030	2,210,182	609,078	2,819,260

(Continued)

# MARYVILLE ACADEMY

## SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2013

	Residential						Shelter Care		Specialized Programs			
	Casa Salama	Casa Imani	Casa Carino	St George	St Vincent	St Martin	Total Residential Treatment	Madden Shelter	Total Shelter Care	Children's Health Care Center	Crisis Nursery	Total Specialized Programs
EXPENSES (Continued)												
Support expenses												
Support salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,252	\$ 34,252	\$ 13,817	\$ 10,055	\$ 23,872
Support payroll taxes and fringe benefits								13,210	13,210	1,445	1,876	3,321
Dietary supplies	80,779	51,687	43,910	114,137	100,985	35,235	426,733	70,973	70,973	11,506	11,747	23,253
Housekeeping and laundry supplies	19,628	9,262	6,354	13,116	8,323	4,426	61,109	7,729	7,729	10,570	4,241	14,811
Other	521	645	117				1,283	2,530	2,530	1,321	1,068	2,389
Total support expenses	100,928	61,594	50,381	127,253	109,308	39,661	489,125	128,694	128,694	38,659	28,987	67,646
Occupancy expenses												
Occupancy salaries	15,970	11,451	6,573	18,190	101	51	52,336	38,487	38,487	20,579	19,446	40,025
Occupancy payroll taxes and fringe benefits	4,746	3,442	136	6,244	133	66	14,767	10,001	10,001	9,258	9,074	18,332
Building and equipment operations and maintenance	141,850	78,021	38,788	102,138	81,253	26,634	468,684	88,750	88,750	75,653	60,692	136,345
Depreciation	64,048	55,285	11,957	57,315	43,526	7,163	239,294	30,103	30,103	31,098	42,017	73,115
All other lease rent taxes												
Equipment	1,508	777	983	2,939	3,981	284	10,472	295	295	691	1,660	2,351
Other	26,977	17,087	11,784	5,714	3,585	1,855	67,002	47,948	47,948	6,609	6,609	13,218
Total occupancy expenses	255,099	166,063	70,221	192,540	132,579	36,053	852,555	215,584	215,584	143,888	139,498	283,386
Administrative expenses												
Administrative salaries						21,790	21,790	39,737	39,737	52,768	28,133	80,901
Administrative payroll taxes and fringe benefits	2,866	1,356	997	2,766	1,954	906	10,845	5,952	5,952	1,304	9,802	11,106
Administrative consultants	8,188	2,559	2,729	5,800	4,947		24,223	4,435	4,435	10,632	2,729	13,361
Telecommunication costs not assigned to program	1,278	738	435	685	455	230	3,821	2,617	2,617	1,280	1,280	2,560
Office supplies and equipment	3,235	1,462	1,146	2,023	3,334	1,001	12,201	1,143	1,143	2,185	993	3,178
Other	826	499	435	1,065	702	191	3,718	525	525	(53,782)	4,147	(49,635)
Allocation of management and general	572,669	264,430	222,506	676,702	459,088	215,819	2,411,214	293,908	293,908	335,803	155,516	491,319
Total administrative expenses	589,062	271,044	228,248	689,041	470,480	239,937	2,487,812	348,317	348,317	350,190	202,600	552,790
Total expenses	3,537,645	1,729,368	1,433,608	3,621,265	2,481,537	1,180,424	13,983,847	2,069,625	2,069,625	2,742,919	980,163	3,723,082
NET (DEFICIT) SURPLUS	\$ (265,023)	\$ (180,181)	\$ (97,371)	\$ (151,861)	\$ (328,898)	\$ (143,471)	\$ (1,166,805)	\$ (62,815)	\$ (62,815)	\$ (196,599)	\$ (82,427)	\$ (279,026)

(Continued)

# MARYVILLE ACADEMY

## SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2013

	Medical Program		Recreation/Education/Outreach					Supporting Services			
	Maryville Behavior Health Hospital	Total Medical Program	Recreation & Sports Complex	Jen School	Community Outreach	Recreation/ Education/ Outreach	Total Program Services	Management & General	Development	Total Supporting Services	Program and Supporting Services
<b>REVENUE AND SUPPORT</b>											
Revenues											
Department of Children and Family Services	\$ 376 200	\$ 376 200	\$ -	\$ -	\$ -	\$ -	\$ 14 807 667	\$ -	\$ -	\$ -	\$ 14 807 667
Department of Healthcare and Family Services	11 503 536	11 503 536					13 998 221				13 998 221
Other government programs	65 603	65 603		2 906 728		2 906 728	3 136 142	200		200	3 136 342
Rent			175 106			175 106	175 106	298 249		298 249	473 355
Interest dividends net realized and unrealized losses								8 329 044		8 329 044	8 329 044
Other	377 533	377 533	29 951	10 137	50 821	90 909	631 316	56 789	4 083	60 872	692 188
Total revenues	12 322 872	12 322 872	205 057	2 916 865	50 821	3 172 743	32 748 452	8 684 282	4 083	8 688 365	41 436 817
Support											
Donated goods and services			17 353	300		17 653	49 628		94 197	94 197	143 825
Contributions and bequests	2 045	2 045	57 114	9 700	7 447	74 261	471 574	1 398 334	1 398 334	1 398 334	1 869 908
Special events			81 083		10 217	91 300	180 782		160 184	160 184	340 966
Net assets released from restrictions			400	30 721	11 857	42 978	541 324		(541 324)	(541 324)	-
Total support	2 045	2 045	155 950	40 721	29 521	226 192	1 243 308	-	1 111 391	1 111 391	2 354 699
Total revenue and support	12 324 917	12 324 917	361 007	2 957 586	80 342	3 398 935	33 991 760	8 684 282	1 115 474	9 799 756	43 791 516
<b>EXPENSES</b>											
Program expenses											
Program staff salaries	6 600 284	6 600 284	120 701	1 788 301	73 347	1 982 349	18 816 486	58 804		58 804	18 875 290
Program clerical and staff salaries	55 146	55 146					242 788				242 788
Program payroll taxes and fringe benefits	1 373 258	1 373 258	32 194	496 607	18 740	547 541	4 700 759	55 965		55 965	4 756 724
Program consultants	934 778	934 778	15 300	25 310	2 360	42 970	1 114 685	(315)		(315)	1 114 370
Consumer wages and fringe benefits			351	28 937		29 288	34 883				34 883
Medicine and drugs	723 816	723 816		238		238	758 526	(8 219)		(8 219)	750 307
All other direct service equipment and supplies	9 714	9 714		38 000	88	38 088	63 001	1 519		1 519	64 520
Staff transportation	3 049	3 049	2 837	144	9 015	11 996	44 371	370		370	44 741
Client transportation	12 388	12 388	10 299	4 689		14 988	284 200	92 910		92 910	377 110
Direct service staff conferences and conventions	9 848	9 848	78	2 014	7 050	9 142	24 970	64 280	1 013	65 293	90 263
Program insurance	359 314	359 314	8 226	31 493	801	40 520	674 746	33 359	3 564	36 923	711 669
Direct client-specific assistance	16 710	16 710	5 373	496	130 640	136 509	446 283	420	2 653	3 073	449 356
Telecommunication costs assigned to program	7 467	7 467	1 979	74	13	2 066	55 449	2 062		2 062	57 511
Other	5 643	5 643	27 212	8 338	283 223	318 773	375 381	203	94 278	94 481	469 862
Total program expenses	10 111 415	10 111 415	224 550	2 424 641	525 277	3 174 468	27 636 528	301 358	101 508	402 866	28 039 394

(Continued)

# MARYVILLE ACADEMY

## SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2013

	Medical Program		Recreation/Education/Outreach					Supporting Services			
	Maryville Behavior Health Hospital	Total Medical Program	Recreation & Sports Complex	Jen School	Community Outreach	Recreation/ Education/ Outreach	Total Program Services	Management & General	Development	Total Supporting Services	Program and Supporting Services
EXPENSES (Continued)											
Support expenses											
Support salaries	\$ 485 882	\$ 485 882	\$ -	\$ 17,778	\$ -	\$ 17 778	\$ 561 784	\$ -	\$ -	\$ -	\$ 561 784
Support payroll taxes and fringe benefits	180 451	180 451		3,102		3 102	200 084				200 084
Dietary supplies	215 926	215 926	5 961	52,651	998	59 610	796 495	18 295	6 984	25 279	821 774
Housekeeping and laundry supplies	32 907	32 907	6 072	780		6 852	123 408	7 125		7 125	130 533
Other	80 291	80 291		438		438	86 931	6 930		6 930	93 861
Total support expenses	995 457	995 457	12 033	74,749	998	87 780	1 768 702	32 350	6 984	39 334	1 808 036
Occupancy expenses											
Occupancy salaries	81 769	81 769	6 664	38,195		44 859	257 476	242 337		242 337	499 813
Occupancy payroll taxes and fringe benefits	21 140	21 140	15	9,478		9 493	73 733	86 413		86 413	160 146
Building and equipment operations and maintenance	588 210	588 210	152 067	86,984	7 896	246 947	1 528 936	711 131	21 033	732 164	2 261 100
Depreciation	706 470	706 470	26 195	68,089	702	94 986	1 143 968	624 307	318	624 625	1 768 593
All other leases rent taxes					1 008	1 008	1 008	3 297		3 297	4 305
Equipment	17 630	17 630		2,904		2 904	33 652	33 802	150	33 952	67 604
Other	106 308	106 308	(27 967)	43,930		15 963	250 439	252 780	24	252 804	503 243
Total occupancy expenses	1 521 527	1 521 527	156 974	249,580	9 606	416 160	3 289 212	1 954 067	21 525	1 975 592	5 264 804
Administrative expenses											
Administrative salaries	559 116	559 116	18 588	93,526	2 455	114 569	816 113	2 648 747	309 379	2 958 126	3 774 239
Administrative payroll taxes and fringe benefits	190 377	190 377	101	17,692	74	17 867	236 147	618 509	77 020	695 529	931 676
Administrative consultants	365 097	365 097	4 590	10,704		15 294	422 410	674 141	81 167	755 308	1 177 718
Telecommunication costs not assigned to program	55 415	55 415		667		667	65 080	48 727	373	49 100	114 180
Office supplies and equipment	43 263	43 263	399	3,956	348	4 703	64 488	26 412	47 463	73 875	138 363
Allocation of management and general	1 431 712	1 431 712	6 722	1,558	82	8 362	1 394 682	13 068 509	324 492	13 393 001	14 787 683
Other	1 204 218	1 204 218	279 657	351,040	9 383	640 080	5 040 739	(5 081 534)	40 795	(5 040 739)	-
Total administrative expenses	3 849 198	3 849 198	310 057	479,143	12 342	801 542	8 039 659	12 003 511	880 689	12 884 200	20 923 859
Total expenses	16 477 597	16 477 597	703 614	3 228,113	548 223	4 479 950	40 734 101	14 291 286	1 010 706	15 301 992	56 036 093
NET (DEFICIT) SURPLUS	\$ (4 152 680)	\$ (4 152 680)	\$ (342 607)	\$ (270,527)	\$ (467 881)	\$ (1 081 015)	\$ (6 742 341)	\$ (5 607 004)	\$ 104 768	\$ (5 502 236)	\$ (12 244 577)

(Continued)

Additional Data

Software ID:

Software Version:

EIN: 36-2170873

Name: MARYVILLE ACADEMY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL HEYDEN ASSOCIATE EX	60 00	X		X				116,897	0	10,380
MSGR MICHAEL BOLAND DIRECTOR	1 00	X						0	42,170	8,971
BISHOP GEORGE RASSAS DIRECTOR	1 00	X						0	41,561	4,050
RICHARD A DEVINE CHAIRPERSON	1 00	X		X				0	0	0
DIANE C GERAGHTY VICE CHAIRPE	1 00	X		X				0	0	0
RICK VELASQUEZ SECRETARY	1 00	X		X				0	0	0
ANDREW R LOTTS CPA TREASURER	1 00	X		X				0	0	0
GEORGE W ROURKE DIRECTOR	1 00	X						0	0	0
SEAN MADDEN DIRECTOR	1 00	X						0	0	0
MICHAEL P GOLDEN DIRECTOR	1 00	X						0	0	0
MICHAEL ROUKE DIRECTOR	1 00	X						0	0	0
AURORA ABELLA-AUSTRIACO DIRECTOR	1 00	X						0	0	0
DAVID A BONOMA DIRECTOR	1 00	X						0	0	0
AGNES PISZCZEK DIRECTOR	1 00	X						0	0	0
MELANIE M PETTWAY DIRECTOR	1 00	X						0	0	0
ELIZABETH GALLAGHER-COOLIDGE DIRECTOR	1 00	X						0	0	0
LOUIS J GLUNZ PHD DIRECTOR	1 00	X						0	0	0
PATRICK G SHEA DIRECTOR	1 00	X						0	0	0
LAROMA WHITE DIRECTOR	1 00	X						0	0	0
SISTER CATHERINE RYAN EXECUTIVE DI	60 00	X		X				0	0	2,561
BRIAN T MCCORMACK DIRECTOR	1 00	X						0	0	0
MICHAEL J MUNRO DIRECTOR	1 00	X						0	0	0
JOHN F POELKING COO	60 00			X				150,000	0	8,001
NORMAN BRYANT JOYCE CHIEF FINANC	60 00			X				125,209	0	6,673
SHIRAZ MAHMUD BUTT MEDICAL DIRE	45 00					X		338,812	0	30,839



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK J FRIEDMAN PSYCHIATRIST	50 00					X		188,764	0	20,709
LAUREN HAYOUNG SHIN PSYCHIATRIST	38 00					X		180,709	0	9,872
MARTA BANEGAS SHIKARI PSYCHIATRIST	38 00					X		152,776	0	8,149
BARBARA DOROTA TWARDOWSKA PSYCHIATRIST	20 00					X		132,574	0	7,071