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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

MARYVILLE ACADEMY

Doing Business As

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

Room/suite

1150 NORTH RIVER ROAD

City or town, state or province, country, and ZIP or foreign postal code

DES PLAINES, IL 60016

D Employer identification number

36-2170873

E Telephone number

(847) 294-1944

G Gross receipts \$ 63,497,826

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 subordinates?

☐ Yes☒ No

H(b) Are all subordinates 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	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>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</div></div>																																											
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Part II

Signature Block

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

Sign Here

Signature of officer

NORMAN BRYANT JOYCE CHIEF FINANCIAL OFFICER

Type or print name and title

2015-05-14

Date

Paid Preparer Use Only

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

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

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 STRENGTH AND HOPE FOR THE FUTURE AT MARYVILLE ACADEMY, WE ARE DEDICATED TO PROVIDING CHILDREN AND FAMILIES THE TOOLS THEY NEED TO REACH THEIR FULLEST POTENTIAL BECAUSE WE BELIEVE IN CHILDREN, OUR PROGRAMS FOCUS ON HEALTHY HOMES AND THE TOOLS OUR CHILDREN NEED TO TRANSITION INTO ADULTHOOD

2

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

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No





















If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 16,736,966 including grants of \$ 13,075) (Revenue \$ 10,179,037)
	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 \$ 14,523,697 including grants of \$ 240,430) (Revenue \$ 11,781,422)
	RESIDENTIAL - THERAPEUTIC TREATMENT FACILITIES FOR YOUTH WITH SEVERE MENTAL HEALTH, SUBSTANCE ABUSE, OR INTELLECTUAL DISABILITIES MARKED BY EMOTIONAL, BEHAVIORAL AND ACADEMIC PROBLEMS OR WHO HAVE BEEN VICTIMS OF ACUTE TRAUMA THERE ARE UP TO 80 YOUTHS IN PLACEMENT AT ANY ONE TIME
4c	(Code) (Expenses \$ 3,377,378 including grants of \$ 246) (Revenue \$ 2,891,126)
	EDUCATIONAL - THE MARYVILLE JEN SCHOOL (GRADES 7 TO 12) SERVES UP TO 50 CHILDREN IN THE MARYVILLE RESIDENTIAL PROGRAMS AND STUDENTS FROM THE COMMUNITY WITH COMPLEX EMOTIONAL, BEHAVIORAL AND LEARNING DISABILITIES THE SCHOOL STAFF USES HANDS-ON, ALTERNATIVES AND EXPERIENTIAL TEACHING METHODS IN CONJUNCTION WITH TRADITIONAL INSTRUCTION METHODS TO MAXIMIZE THE STUDENTS' POTENTIAL FOR SUCCESS THE TEACHING STAFF COORDINATES WITH OUR THERAPEUTIC STAFF TO ENSURE THAT OUR STUDENTS MAKE ADVACEMENTS
	(Code) (Expenses \$ 7,715,766 including grants of \$ 126,263) (Revenue \$ 6,156,746)
	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 THE CHICAGO METROPOLITAN AREA, FOCUSING ON ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THAT AREA
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 7,715,766 including grants of \$ 126,263) (Revenue \$ 6,156,746)
4e	Total program service expenses ▶ 42,353,807

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 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? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

			Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1a	60
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			2a	775
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. 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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			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? Note. See the instructions for additional information the organization must report on Schedule O			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13b	
c Enter the amount of reserves on hand			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			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 or note to any line 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 ▶NORM JOYCE CO MARYVILLE ACADEMY 1150 N RIVER ROAD DES PLAINES,IL 60016 (847) 294-1944

Part VII

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

Check if Schedule O contains a response or note to any line 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) JOHN F POELKING COO	60 00	X		X				145,210	0	8,850
(2) CHERYL HEYDEN ASSOCIATE EX	50 00	X		X				115,118	0	14,924
(3) MSGR MICHAEL BOLAND DIRECTOR	1 00	X						0	55,534	11,303
(4) BISHOP GEORGE RASSAS DIRECTOR	1 00	X						0	41,961	10,568
(5) RICHARD A DEVINE CHAIRPERSON	1 00	X		X				0	0	0
(6) DIANE C GERAGHTY VICE CHAIRPE	1 00	X		X				0	0	0
(7) RICK VELASQUEZ SECRETARY	1 00	X		X				0	0	0
(8) ANDREW R LOTT CPA TREASURER	1 00	X		X				0	0	0
(9) GEORGE W ROURKE DIRECTOR	1 00	X						0	0	0
(10) SEAN MADDEN DIRECTOR	1 00	X						0	0	0
(11) MICHAEL P GOLDEN DIRECTOR	1 00	X						0	0	0
(12) MICHAEL ROUKE DIRECTOR	1 00	X						0	0	0
(13) SR DONNA MARIE WOLOWICKI DIRECTOR	1 00	X						0	0	0
(14) DAVID A BONOMA DIRECTOR	1 00	X						0	0	0
(15) AGNES PISZCZEK DIRECTOR	1 00	X						0	0	0
(16) MELANIE M PETTWAY DIRECTOR	1 00	X						0	0	0
(17) ELIZABETH GALLAGHER-COOLIDGE 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) LOUIS J GLUNZ PHD DIRECTOR	1 00	X						0	0	0
(19) PATRICK G SHEA DIRECTOR	1 00	X						0	0	0
(20) LAROMA WHITE DIRECTOR	1 00	X						0	0	0
(21) SISTER CATHERINE RYAN EXECUTIVE DI	60 00	X		X				0	0	2,894
(22) BRIAN T MCCORMACK DIRECTOR	1 00	X						0	0	0
(23) MICHAEL J MUNRO DIRECTOR	1 00	X						0	0	0
(24) NORMAN BRYANT JOYCE CHIEF FINANC	60 00			X				126,968	0	11,371
(25) SHIRAZ MAHMUD BUTT MEDICAL DIRE	50 00					X		298,536	0	17,755
(26) MARTA BANEGAS SHIKARI PSYCHIATRIST	45 00					X		226,575	0	13,367
(27) MARK J FRIEDMAN PSYCHIATRIST	50 00					X		214,390	0	13,357
(28) PETER W NICHOLS PSYCHIATRIST	40 00					X		212,871	0	12,904
(29) BARBARA ANN PREIB ADV PRACTICE	45 00					X		136,346	0	12,885
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,476,014	97,495	130,178

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
ALL TRADE'S CO, 3N631 LAKEVIEW CT WEST CHICAGO IL 60185	REPAIRS/REMODEL	269,552
SCHUYLER ROCHE CRISHAM PC, 180 N STETSON AVENUE CHICAGO IL 60601	LEGAL	176,600
FRANK M PAWLAK PC, 333 N MICHIGAN CHICAGO IL 60601	LEGAL SERVICE	162,654
DELOITTE TOUCHE LLP, 111 W WACKER DR CHICAGO IL 60601	AUDIT/TAX SRVS	127,091
MOSCRIP REMODELING MAINTENANCE, 191 HILLCREST TERRACE BLOOMINGDALE IL 60108	REPAIRS/REMODEL	116,659
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 ▶5	

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	91,905			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	290,328			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,361,124			
	g	Noncash contributions included in lines 1a-1f \$		202,312			
	h	Total. Add lines 1a-1f		1,743,357			
Program Service Revenue			Business Code				
	2a	GOVERNMENT FEES	900099	28,704,010	28,704,010		
	b	INSURANCE & OTHER PROGRAMS	900099	783,819	783,819		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		29,487,829			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,567,741		1,567,741	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		492,489					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)		492,489			
	d	Net rental income or (loss)		492,489	196,809	295,680	
	7a	(i) Securities					
		29,617,850					
		(ii) Other					
		3,750					
	b	Less cost or other basis and sales expenses		25,986,442	6,855		
	c	Gain or (loss)		3,631,408	-3,105		
	d	Net gain or (loss)		3,628,303		3,628,303	
	8a	Gross income from fundraising events (not including \$ 91,905 of contributions reported on line 1c) See Part IV, line 18		257,971			
	b	Less direct expenses					226,901
	c	Net income or (loss) from fundraising events					31,070
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		229,193	229,193			
b	OTHER INCOME/INSURANCE PROCEE		67,370		67,370		
c	THRIFT SHOP		30,276	30,276			
d	All other revenue						
e	Total. Add lines 11a-11d		326,839				
12	Total revenue. See Instructions		37,277,628	29,944,107	5,590,164		

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	380,014	380,014		
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.	441,608		441,608	
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.	23,496,608	20,467,073	2,739,473	290,062
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,497,055	1,302,947	176,556	17,552
9	Other employee benefits.	4,140,981	3,735,477	370,922	34,582
10	Payroll taxes.	1,674,302	1,434,150	219,071	21,081
11	Fees for services (non-employees):				
a	Management.	292,031	102,921	119,410	69,700
b	Legal.	704,674	440,745	263,929	
c	Accounting.	154,500		154,500	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	238,388		238,388	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,576,943	1,522,955	51,498	2,490
12	Advertising and promotion.	29,065	9,391	17,581	2,093
13	Office expenses.	450,714	165,017	110,871	174,826
14	Information technology.	353,697	5,965	347,732	
15	Royalties.				
16	Occupancy.	2,570,925	1,717,950	825,465	27,510
17	Travel.	429,963	319,169	106,229	4,565
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	113,310	41,968	71,342	
20	Interest.				
21	Payments to affiliates.	187,090	187,090		
22	Depreciation, depletion, and amortization.	1,912,362	1,190,802	721,242	318
23	Insurance.	678,047	637,024	37,192	3,831
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	HFS HOSPITAL ASSESSMENTS	1,209,170	1,209,170		
b	DIETARY SUPPLIES	805,278	777,226	28,052	
c	MEDICINE & DRUGS	735,614	734,508	1,106	
d	VARIOUS OTHER	648,683	5,847,735	-5,296,233	97,181
e	All other expenses.	133,253	124,510	8,743	
25	Total functional expenses. Add lines 1 through 24e.	44,854,275	42,353,807	1,754,677	745,791
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 or note to any line in this Part X

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				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		73,069	1	61,756
	2	Savings and temporary cash investments		1,687,185	2	1,918,267
	3	Pledges and grants receivable, net		105,631	3	63,330
	4	Accounts receivable, net		4,251,968	4	2,509,574
	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		189,963	8	147,600
	9	Prepaid expenses and deferred charges		168,771	9	156,007
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a33,549,677			
	b	Less accumulated depreciation	10b26,848,874	10,758,954	10c	6,700,803
	11	Investments—publicly traded securities		42,267,108	11	42,311,619
	12	Investments—other securities See Part IV, line 11		20,377,549	12	21,523,093
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,090,237	15	5,556,391
	16	Total assets. Add lines 1 through 15 (must equal line 34)		81,970,435	16	80,948,440
Liabilities	17	Accounts payable and accrued expenses		7,327,803	17	6,272,268
	18	Grants payable			18	
	19	Deferred revenue		134,128	19	123,528
	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		14,620,799	25	16,012,302
	26	Total liabilities. Add lines 17 through 25		22,082,730	26	22,408,098
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		59,268,575	27	57,852,649
	28	Temporarily restricted net assets		619,130	28	687,693
	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		59,887,705	33	58,540,342
	34	Total liabilities and net assets/fund balances		81,970,435	34	80,948,440

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,277,628
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,854,275
3	Revenue less expenses Subtract line 2 from line 1	3	-7,576,647
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,887,705
5	Net unrealized gains (losses) on investments	5	6,229,284
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	58,540,342

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

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2013

Open to Public
Inspection

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

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,518,449	1,443,636	1,977,975	2,103,037	1,743,357	8,786,454
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	34,480,971	33,134,776	37,410,682	33,056,970	30,276,087	168,359,486
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	35,999,420	34,578,412	39,388,657	35,160,007	32,019,444	177,145,940
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)						177,145,940

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	35,999,420	34,578,412	39,388,657	35,160,007	32,019,444	177,145,940
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,487,857	2,240,555	2,050,565	2,006,777	1,863,421	9,649,175
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,487,857	2,240,555	2,050,565	2,006,777	1,863,421	9,649,175
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)	37,487,277	36,818,967	41,439,222	37,166,784	33,882,865	186,795,115
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 2013 (line 8, column (f) divided by line 13, column (f))	15	94.830%	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	94.980%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	5.000%	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	5.000%	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

► \$

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

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

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part 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

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	1,176,203			1,176,203
b Buildings	27,278,955		23,229,071	4,049,884
c Leasehold improvements				
d Equipment	4,960,728		3,523,614	1,437,114
e Other	133,791		96,189	37,602
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,700,803

Part VIIInvestments—Other Securities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other		
(A) CORPORATE BONDS	11,470,635	F
(B) US GOVERNMENT AGENCIES	9,581,498	F
(C) ASSET-BACKED SECURITIES	249,915	F
(D) MORTGAGE-BACKED SECURITIES	221,045	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	21,523,093	

Part VIIIInvestments—Program Related.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IXOther Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS HELD FOR SALE	3,392,243
(2) CASH SURRENDER VALUE OF LIFE INSURAN	1,655,792
(3) SPLIT-INTEREST AND REMAINDER TRUST	508,356
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	5,556,391

Part XOther Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1Federal income taxes	
ACCRUED POST RETIREMENT BENEFITS	14,929,447
ASSET RETIREMENT OBLIGATION	752,694
OTHER LONG-TERM LIABILITY	199,665
OTHER LIABILITY	92,939
SECURITY DEPOSIT	32,484
UNCLAIMED PROPERTIES	5,073
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	16,012,302

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	43,733,812
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	6,456,184
a	Net unrealized gains on investments	2a	6,229,284
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	226,900
e	Add lines 2a through 2d	2e	6,456,184
3	Subtract line 2e from line 1	3	37,277,628
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
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	37,277,628

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	45,081,175
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	226,900
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	226,900
e	Add lines 2a through 2d	2e	226,900
3	Subtract line 2e from line 1	3	44,854,275
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	
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	44,854,275

Part XIII Supplemental Information

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.

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENTS 226,900
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS 226,900
SCHEDULE D, PAGE 4, PART XIII	PART IV, LINE 1B-EXPLANATION FOR CUSTODIAL ASSETS. MARYVILLE PROVIDES CERTAIN POST-RETIREMENT BENEFITS FOR QUALIFIED RETIRED EMPLOYEES. THE RETIRED EMPLOYEES DO NOT CONTRIBUTE TO THE COST OF THESE BENEFITS. THE OBLIGATIONS FOR THESE BENEFITS ARE FUNDED ON AN ANNUAL BASIS. THE ASSETS ARE SEGREGATED AND HELD IN SEPARATE LEGAL TRUSTS WHICH WERE AUDITED BY DELOITTE AS OF 6/30/2014.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization MARYVILLE ACADEMY	Employer identification number 36-2170873
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

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

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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>1</u>	(add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	156,992	133,961	58,923	349,876
	2	Less Contributions . . .	32,300	46,800	12,805	91,905
3	Gross income (line 1 minus line 2)	124,692	87,161	46,118	257,971	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes . . .		6,141	3,347	9,488
	6	Rent/facility costs . . .	84,878	68,407	15,293	168,578
	7	Food and beverages .				
	8	Entertainment	9,475		4,100	13,575
	9	Other direct expenses .	9,274	1,431	24,555	35,260
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(226,901)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				31,070

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.

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

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 <div><input type="checkbox"/> Applied uniformly to all hospital facilities</div> <div><input type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><input type="checkbox"/> Generally tailored to individual hospital facilities</div>			
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 <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>170 0000000000 %</u></div>	3a	Yes	
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 <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>210 0000000000 %</u></div>	3b	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)			16,736,966	10,179,037	6,557,929	0 390 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			16,736,966	10,179,037	6,557,929	0 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits						
k Total. Add lines 7d and 7j			16,736,966	10,179,037	6,557,929	0 390 %

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

32,101

3Enter 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

32,101

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

6Enter Medicare allowable costs of care relating to payments on line 5.

6

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "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 IVManagement 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				

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, primary website address, and state license number

		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
	See Additional Data Table										

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

If reporting on Part V, Section B for a single hospital facility 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 persons who represent the broad interests 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 (list url) _____		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Available upon request from the hospital facility		
d <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 as of the end of the tax year)		
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		
9 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?		9	Yes		
10 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 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 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 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input type="checkbox"/> Insurance status					
e <input type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 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)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to billing invoices					
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15 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?		15	Yes		
16 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 individual's eligibility under the facility's FAP					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 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 individual's eligibility under the facility's FAP?				17	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

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 individuals regarding the individuals' bills
- d

☐

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

☐

Other (describe in Section C)

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 individual 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?	21	No
If "Yes," explain in Part VI		
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22	No
If "Yes," explain in Part VI		

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

Section D. 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

Provide the following information

- 1
- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	BAD DEBT EXPENSE IS RECORDED AT THE AMOUNT THAT THE PAYOR IS EXPECTED TO PAY, NET OF ANY DISCOUNTS MARYVILLE BEHAVIORAL HEALTH HOSPITAL'S PORTION OF BAD DEBT EXPENSE WAS 32,101 THIS YEAR
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS PATIENTS ARE SENT UP TO THREE LETTERS AND IF NO RESPONSE IS RECEIVED, ADDITIONAL ATTEMPTS ARE MADE BY TELEPHONE OUR STATEMENTS INCLUDE A NOTE THAT FINANCIAL ASSISTANCE IS AVAILABLE AND THIS INFORMATION IS ALSO COMMUNICATED TO THE PATIENT WHEN COLLECTION CALLS ARE MADE BY THE HOSPITAL BILLER IF THE HOSPITAL IS UNSUCCESSFUL IN COLLECTING PAYMENT, THE ACCOUNT IS WRITTEN OFF AGAINST THE BAD DEBT ALLOWANCE THE HOSPITAL DOES NOT USE A COLLECTION AGENCY OR PURSUE LEGAL ACTION AGAINST THE PATIENT ALSO, THE HOSPITAL DOES NOT PURSUE COLLECTION EFFORTS FOR PATIENTS THAT ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY CHARITY CARE PROVIDED DURING FISCAL 2014 TOTALED 95,770
ADDITIONAL INFORMATION	<p>PART V, QUESTION 1 - NEEDS ASSESSMENT MARYVILLE ACADEMY HAS NOT CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING THIS REPORTING PERIOD, AND DID NOT CONDUCT ONE DURING THE TWO IMMEDIATELY PRECEDING TAX YEARS THIS DISCLOSURE WAS ALSO REPORTED LAST YEAR ON MARYVILLE ACADEMY'S IRS FORM 990 FOR FY 2013 (JULY 1, 2012 TO JUNE 30, 2013), WHICH WAS FILED ON MAY 15, 2014 UNDER SECTION 501(R) OF THE INTERNAL REVENUE CODE, MARYVILLE BEHAVIORAL HEALTH HOSPITAL'S ("HOSPITAL") DEADLINE FOR CONDUCTING ITS FIRST CHNA AND ADOPTING ITS FIRST IMPLEMENTATION STRATEGY WOULD HAVE BEEN JUNE 30, 2013 MARYVILLE ACADEMY DID OPERATE THIS SMALL, NOT-FOR-PROFIT BEHAVIORAL HEALTH HOSPITAL FOR CHILDREN AND ADOLESCENTS KNOWN AS MARYVILLE BEHAVIORAL HEALTH HOSPITAL ("HOSPITAL") DURING THIS REPORTING PERIOD, THE ASSETS OF WHICH IT SOLD ON NOVEMBER 3, 2014 MARYVILLE ACADEMY DOES NOT CURRENTLY OWN OR OPERATE A HOSPITAL MARYVILLE'S DISCLOSURES & INVOLVEMENT IN COMMUNITY NEEDS ASSESSMENTS 1) AFFECTED RESIDENTS IN MARYVILLE HOSPITAL'S SERVICE AREA WERE NOT GREATLY IMPACTED, DUE TO MARYVILLE'S ACTIVE PARTICIPATION IN THE PRESENCE HEALTH - HOLY FAMILY MEDICAL CENTER CHNA, IN LARGELY THE SAME GEOGRAPHIC AREA ALTHOUGH MARYVILLE ACADEMY DID NOT CONDUCT ITS OWN CHNA, IT DID ACTIVELY PARTICIPATE IN A CHNA CONDUCTED BY PRESENCE HEALTH - HOLY FAMILY MEDICAL CENTER IN DES PLAINES, ILLINOIS THE COMMUNITY AREAS COVERED BY THE PRESENCE HEALTH - HOLY FAMILY CHNA (THE CITY OF DES PLAINES, ILLINOIS AND UNINCORPORATED MAINE TOWNSHIP) SIGNIFICANTLY OVERLAP WITH THE SERVICE AREA SERVED BY MARYVILLE'S FORMER HOSPITAL MARYVILLE'S HOSPITAL SERVED PATIENTS IN THE SAME ZIP CODES AND COMMUNITIES THAT HOLY FAMILY MEDICAL CENTER SERVES, ALTHOUGH MARYVILLE'S HOSPITAL ALSO PROVIDED TREATMENT FOR DCFS WARDS AND YOUTH FROM OTHER AREAS OF ILLINOIS THREE MARYVILLE EMPLOYEES SERVED ON THE STEERING COMMITTEE AND CONTRIBUTED HUNDREDS OF HOURS TO THE PRESENCE HEALTH - HOLY FAMILY MEDICAL CENTER CHNA ("PRESENCE HEALTH CHNA") CONSEQUENTLY, THE MENTAL HEALTH NEEDS AND OTHER HEALTH NEEDS OF THE SERVICE AREA SERVED BY THE HOSPITAL WERE IDENTIFIED THROUGH THE PRESENCE HEALTH CHNA AS WILL BE EXPLAINED MORE FULLY BELOW, MARYVILLE WAS UNABLE TO DO ITS OWN CHNA BECAUSE OF ITS HOSPITAL'S SIGNIFICANT FINANCIAL LOSSES, THE LIMITED SIZE OF ITS STAFF, AND DUE TO THE FACT THAT MARYVILLE WAS IN THE PROCESS OF DECIDING WHETHER TO CLOSE AND/OR SELL THE ASSETS OF THE HOSPITAL 2) MARYVILLE TOOK REASONABLE AND APPROPRIATE CORRECTIVE MEASURES ONCE IT LEARNED OF THE NEED TO PERFORM A COMMUNITY NEEDS ASSESSMENT MARYVILLE ADMINISTRATION FIRST LEARNED OF THE CHNA REQUIREMENT ON OCTOBER 2, 2013 AS IT WAS PERFORMING ITS DUE DILIGENCE FOR EITHER CLOSING OR SELLING THE HOSPITAL ASSETS MARYVILLE WAS ADVISED BY ITS OUTSIDE LEGAL COUNSEL OF THE CHNA DEADLINE AND THE FACT THAT THIS REQUIREMENT APPLIED TO ALL HOSPITALS REGARDLESS OF SIZE AND WHETHER IT WAS A NOT FOR PROFIT ORGANIZATION DURING THIS SAME TIME PERIOD, THE MARYVILLE BOARD WAS ALREADY DISCUSSING THE FUTURE OF THE HOSPITAL BECAUSE OF ITS LARGE FINANCIAL LOSSES HISTORICALLY, THE HOSPITAL HAD STRUGGLED FINANCIALLY AND HAD ONLY MADE A PROFIT IN ONE YEAR SINCE IT WAS PURCHASED IN 1999 DURING FY 2013, THE HOSPITAL SUFFERED A 4.1 MILLION LOSS AND, AT THAT TIME, A 5.0 MILLION LOSS WAS BEING PROJECTED FOR FY 2014 THE ACTUAL LOSS FOR FY 2014 WAS 6.5 MILLION ON MARCH 31, 2014, THE MARYVILLE ACADEMY BOARD OF DIRECTORS APPROVED THE FILING OF AN APPLICATION WITH THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD (IHFSRB), REQUESTING A PERMIT TO DISCONTINUE THE HOSPITAL'S OPERATIONS AFTER PERMISSION WAS OBTAINED FROM THE IHFSRB, MARYVILLE HAD PLANNED TO CLOSE THE HOSPITAL BY JULY 15, 2014 IN PREPARATION FOR CLOSING THE HOSPITAL, IN MARCH OF 2014, 2 OF THE 4 PATIENT UNITS OF THE HOSPITAL WERE CLOSED AT THE SAME TIME, THE AVERAGE PATIENT DAILY CENSUS WAS DECREASED, AVERAGING 6 TO 10 PATIENTS (DURING IMMEDIATELY PRECEDING YEARS, THE AVERAGE DAILY CENSUS WAS 30 TO 40 PATIENTS) IN JUNE 2014, 57 HOSPITAL EMPLOYEES WERE LAID OFF, AND 2 MORE EMPLOYEES WERE LAID OFF AT THE END OF JUNE ON JUNE 15, 2014, 10 HOSPITAL EMPLOYEES TRANSFERRED TO OTHER MARYVILLE PROGRAMS OVERALL, THE HOSPITAL'S STAFF WAS REDUCED FROM 154 TO 85, APPROXIMATELY A 45% REDUCTION THE MANAGEMENT TEAM OF THE HOSPITAL WAS SIGNIFICANTLY REDUCED, WITH SUPERVISORS PERFORMING MULTIPLE ADMINISTRATIVE ROLES DURING THIS PLANNED CLOSING TIME PERIOD AT THIS JUNCTURE, THE MARYVILLE ADMINISTRATION DECIDED IT WOULD BE A FUTILE ACT TO CONDUCT A CHNA KNOWING THAT IT WAS PLANNING TO CLOSE THE HOSPITAL ON MAY 16, 2014, WHILE MARYVILLE'S APPLICATION TO CLOSE THE HOSPITAL WAS PENDING, US HEALTHVEST MADE AN OFFER TO PURCHASE THE ASSETS OF THE HOSPITAL, WHICH WAS ACCEPTED BY MARYVILLE AN ASSET PURCHASE AGREEMENT WAS SIGNED BY THE PARTIES ON JULY 10, 2014 AFTER THIS AGREEMENT WAS SIGNED, MARYVILLE WITHDREW ITS APPLICATION TO CLOSE AND FILED AS A CO-APPLICANT WITH US HEALTHVEST TO TRANSFER THE ASSETS OF THE HOSPITAL TO THE PURCHASER ON AUGUST 27, 2014, THE IHFSRB VOTED TO APPROVE THE TRANSFER OF THE HOSPITAL'S ASSETS TO THE PURCHASER MARYVILLE ACADEMY COMPLETED THE SALE OF THE ASSETS OF THE HOSPITAL TO US HEALTHVEST'S ILLINOIS' CORPORATION, 2014 HEALTH LLC, DOING BUSINESS AS CHICAGO BEHAVIORAL HOSPITAL, ON NOVEMBER 3, 2014 MARYVILLE'S FAILURE TO CONDUCT A CHNA WAS DISCLOSED TO US HEALTHVEST IN THE DISCLOSURE SCHEDULES THAT WERE PART OF THE ASSET PURCHASE AGREEMENT AND ITS RELATED AMENDMENTS 3) MARYVILLE DISCLOSED THIS MISTAKE PROMPTLY AFTER DISCOVERY THE FACT THAT MARYVILLE ACADEMY DID NOT CONDUCT A CHNA WAS DISCLOSED LAST YEAR ON ITS FY 2013 IRS 990 - SCHEDULE H TAX FILING (FILED ON MAY 15, 2014) MARYVILLE ACADEMY IS NOW DISCLOSING THIS FACT FOR A SECOND AND FINAL TIME IN ITS CURRENT IRS 990 FOR THIS REPORTING PERIOD 4) IMPLEMENTING SAFEGUARDS CONCERNING THIS NEW CHNA REQUIREMENT WOULD NOT HAVE BEEN HELPFUL OR NECESSARY, AS MARYVILLE HAS SOLD ITS HOSPITAL'S ASSETS MARYVILLE ACADEMY MAINTAINS THAT IT WOULD NOT HAVE BEEN HELPFUL OR NECESSARY TO IMPLEMENT NEW SAFEGUARDS CONCERNING THIS NEW CHNA REQUIREMENT, AS IT HAS NOW SOLD THE HOSPITAL'S ASSETS AND WILL NOT OPERATE A HOSPITAL IN THE FUTURE GIVEN THE FACT THAT MARYVILLE HAD BEEN IN THE PROCESS OF CONTEMPLATING EITHER THE CLOSURE OR SALE OF THE HOSPITAL DURING THE LATTER PART OF FY 2013 AND IN FY 2014, IT WAS REASONABLE NOT TO IMPLEMENT ANY NEW SAFEGUARDS RELATING TO CONDUCTING A CHNA 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 90% OF THE PATIENTS SERVED HAVE MEDICAID HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE AS STATED ABOVE, 90% OF THE HOSPITAL'S 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, WHICH THERE WAS NONE, SAVE ONE YEAR, IS USED TO FUND OTHER SOCIAL SERVICES PROGRAMS OPERATED BY MARYVILLE ACADEMY SOME OF THESE OTHER PROGRAMS ARE RESIDENTIAL PROGRAMS FOR CHILDREN WITH INTELLECTUAL DISABILITIES/MENTAL ILLNESS, MENTAL ILLNESS/SUBSTANCE ABUSE, SOCIAL BEHAVIORAL DISORDERS, AND PREGNANT/PARENTING TEENS WITH MENTAL ILLNESS OTHER PROGRAMS INCLUDE A CRISIS NURSERY (FREE TO THE PUBLIC) FOR FAMILIES NEEDING TEMPORARY SHELTER FOR CHILDREN UNDER SEVEN YEARS OF AGE DURING EMERGENCIES, A HOSPITAL-TO-HOME TRANSITIONAL PROGRAM FOR MEDICALLY-FRAGILE CHILDREN (ALL OF WHOM USE MEDICAID AS THEIR PAYOR), AND A SHELTER FOR TEENAGE GIRLS, MANY OF WHOM ARE PREGNANT OR PARENTING TEENS ANOTHER COMMUNITY PROGRAM INCLUDES THE CATHOLIC YOUTH ORGANIZATION (CYO) THIS PROGRAM, SUBSIDIZED BY MARYVILLE ACADEMY, ALLOWS TEENS NOT ON THEIR SCHOOL'S SPORTS TEAMS TO PARTICIPATE IN ORGANIZED GAMES THE PROGRAM OPERATES IN SEVERAL ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THE CHICAGO AREA</p>

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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	260		60,705	FMV	CLOTHING
OTHER ASSISTANCE TO YOUTH	138		95,620	FMV	BEAUTY/HYGIENE
GIFTS	255		36,856	FMV	GIFTS
YOUTH ENTERTAINMENT	266		39,464	FMV	TICKETS
SCHOLARSHIP - HIGH SCHOOL	13	57,000			
SCHOLARSHIP - COLLEGE	6	23,029			
YOUTH DUES AND FEES	260	2,848			
YOUTH ALLOWANCES	260	64,492			

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MARYVILLE ACADEMY

Employer identification number
36-2170873

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><div><div><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><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></div></div></div>		
<div><div>b</div><div>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</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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><div><div><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><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></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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)	145,210			8,850	4,790	154,060	
(2)SHIRAZ MAHMUD BUTT MEDICAL DIRECTOR	(i) (ii)	298,536			17,755	2,400	316,291	
(3)MARTA BANEGAS SHIKARI PSYCHIATRIST	(i) (ii)	226,575			13,367		239,942	
(4)MARK J FRIEDMAN PSYCHIATRIST	(i) (ii)	214,390			13,357	12,068	227,747	
(5)PETER W NICHOLS PSYCHIATRIST	(i) (ii)	212,871			12,904		225,775	

Part III **Supplemental Information**

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.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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		1,300	COST / SELLING PRICE
5 Clothing and household goods	X		37,053	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	11	7,238	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOLFING/EQUIPME)	X	17	33,573	COST / SELLING PRICE
26 Other ▶ (TOYS)	X	30	38,151	COST / SELLING PRICE
27 Other ▶ (TICKETS/CARDS)	X	82	22,800	COST / SELLING PRICE
28 Other ▶ (MISC)	X	38	35,419	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 Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?30aNo

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?31Yes

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

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 III

Supplemental Information. 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.

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization MARYVILLE ACADEMY	Employer identification number 36-2170873
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Return Reference	Explanation
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

Return Reference	Explanation
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 THE CHICAGO METROPOLITAN AREA, FOCUSING ON ECONOMICALLY DISADVANTAGED COMMUNITIES WITHIN THAT AREA</p>

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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 COMPLIANCE OFFICER AS NOTED IN THE MARYVILLE ACADEMY POLICY AND PROCEDURE MANUAL

Return Reference	Explanation
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

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPECIAL EVENTS 226,900 SPECIAL EVENTS -226,900

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MARYVILLE ACADEMY

Employer identification number
36-2170873

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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?		Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Maryville Academy

Financial Statements as of and for the Years Ended
June 30, 2014 and 2013, Supplemental Schedule
for the Year Ended June 30, 2014, and
Independent Auditors' Report

MARYVILLE ACADEMY

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INDEPENDENT AUDITORS' REPORT

Most Reverend Blase J. Cupich
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, 2014 and 2013, 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.

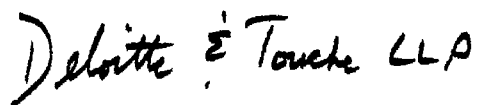
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2014 and 2013, 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 2014 audit was conducted for the purpose of forming an opinion on the 2014 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 2014 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 2014 financial statements. Such schedule has been subjected to the auditing procedures applied in our audits of the 2014 financial statements and certain additional procedures, including comparing and reconciling such schedule directly to the underlying accounting and other records used to prepare the 2014 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 2014 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 1, 2014

MARYVILLE ACADEMY

STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2014 AND 2013

	2014	2013
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,775,119	\$ 1,544,497
Funds held for others	204,903	215,758
Accounts receivable—less allowance for doubtful accounts of \$197,231 and \$178,256 in 2014 and 2013, respectively	1,770,742	3,238,189
Accounts receivable—nonprogram	250,018	612,050
Contributions receivable—current portion	59,262	74,536
Accrued interest receivable	201,815	210,938
Other assets	590,605	549,524
Total current assets	4,852,464	6,445,492
INVESTMENTS	63,834,712	62,644,657
CONTRIBUTIONS RECEIVABLE	4,068	31,095
CASH SURRENDER VALUE OF INSURANCE POLICIES	1,655,795	1,596,174
LAND, BUILDINGS, AND EQUIPMENT—Net	6,700,803	10,758,954
ASSETS HELD FOR SALE	3,392,242	
SPLIT-INTEREST AND REMAINDER TRUST AGREEMENTS	508,356	494,063
TOTAL	<u>\$ 80,948,440</u>	<u>\$ 81,970,435</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 806,601	\$ 991,832
Accrued compensation and payroll taxes	2,253,208	2,010,643
Other accrued expenses	2,574,755	3,343,362
Due to governmental agencies	637,871	982,133
Other liabilities	253,837	278,756
Total current liabilities	6,526,272	7,606,726
ASSET RETIREMENT OBLIGATIONS	752,694	716,572
OTHER LONG-TERM LIABILITIES	199,665	232,943
ACCRUED POSTRETIREMENT BENEFITS	513,663	366,550
PENSION LIABILITY	14,415,804	13,159,939
Total liabilities	<u>22,408,098</u>	<u>22,082,730</u>
NET ASSETS		
Unrestricted	57,852,649	59,268,575
Temporarily restricted	687,693	619,130
Total net assets	<u>58,540,342</u>	<u>59,887,705</u>
TOTAL	<u>\$ 80,948,440</u>	<u>\$ 81,970,435</u>

See notes to financial statements

MARYVILLE ACADEMY

STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014			2013		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
CHANGE IN NET ASSETS						
Revenues						
Fees and grants from governmental agencies	\$ 28 725 010	\$ -	\$ 28 725 010	\$ 31 942 230	\$ -	\$ 31 942 230
Other	1 582 147		1 582 147	1 165 543		1 165 543
Total revenues	30 307 157	-	30 307 157	33 107 773	-	33 107 773
Support						
Contributions and bequests	935 245	556 345	1 491 590	1 385 243	484 665	1 869 908
Special events	349 876		349 876	340 966		340 966
Donated goods and services	159 862		159 862	143 825		143 825
Net assets released from restrictions	487 782	(487 782)	-	547 200	(547 200)	-
Total support	1 932 765	68 563	2 001 328	2 417 234	(62 535)	2 354 699
Total revenues and support	32 239 922	68 563	32 308 485	35 525 007	(62 535)	35 462 472
Expenses						
Program services						
Residential treatment	14 523 697		14 523 697	13 983 847		13 983 847
Shelter care	2 432 985		2 432 985	2 069 625		2 069 625
Specialized programs	4 113 215		4 113 215	3 723 082		3 723 082
Medical programs	16 736 966		16 736 966	16 477 597		16 477 597
Recreation/education/outreach	4 546 944		4 546 944	4 479 950		4 479 950
Total program services	42 353 807	-	42 353 807	40 734 101	-	40 734 101
Supporting services						
Management and general	1 684 683		1 684 683	2 074 712		2 074 712
Development	972 691		972 691	1 010 706		1 010 706
Total supporting services	2 657 374	-	2 657 374	3 085 418	-	3 085 418
Total expenses	45 011 181	-	45 011 181	43 819 519	-	43 819 519
Subtotal	(12 771 259)	68 563	(12 702 696)	(8 294 512)	(62 535)	(8 357 047)
Interest and dividends	1 567 741		1 567 741	1 708 528		1 708 528
Net realized gain on investments	3 631 408		3 631 408	1 015 155		1 015 155
Change in net unrealized gains/(losses) on investments	6 229 284		6 229 284	5 602 464		5 602 464
(Loss)/Gain on disposal of assets	(3 106)		(3 106)	2 897		2 897
Postretirement changes other than net periodic benefit cost	(210 151)		(210 151)	533 974		533 974
Pension changes other than net periodic benefit cost	140 157		140 157	(12 750 548)		(12 750 548)
CHANGES IN NET ASSETS	(1 415 926)	68 563	(1 347 363)	(12 182 042)	(62 535)	(12 244 577)
NET ASSETS—Beginning of year	59 268 575	619 130	59 887 705	71 450 617	681 665	72 132 282
NET ASSETS—End of year	\$ 57 852 649	\$ 687 693	\$ 58 540 342	\$ 59 268 575	\$ 619 130	\$ 59 887 705

See notes to financial statements

MARYVILLE ACADEMY

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2014

	Program Services					Supporting Services			
	Residential Treatment	Shelter Care	Specialized Programs	Medical Programs	Recreation/ Education/ Outreach	Total	Management and General	Development	Total
PROGRAM EXPENSES									
Program staff salaries	\$ 7 098 851	\$ 1 005 311	\$ 2 110 528	\$ 5 816 704	\$ 2 077 304	\$ 18 108 698	\$ 59 919	\$ -	\$ 59 919
Program clerical staff salaries	105 505	32 781	56 964	66 759		262 009			262 009
Program payroll taxes and fringe benefits	2 462 629	453 055	652 555	1 568 943	632 765	5 769 947	69 211		5 839 158
Program consultants	187 441	49 259	31 368	1 156 068	43 368	1 467 504			1 467 504
Consumer wages and fringe benefits	4 618				30 089	34 707			34 707
Medicine and drugs	20 248	612	17 174	695 958	518	734 510	1 106		735 616
All other direct service equipment and supplies	15 747	3 835	24 179	3 280	18 541	65 582	531	284	815
Staff transportation	14 764	4 275	2 628	183	24 796	46 646	(665)		(665)
Client transportation	182 152	24 407	22 527	16 388	13 653	259 127	92 270		92 270
Direct service staff conferences and conventions	2 042	215	5 340	12 626	21 744	41 967	71 342		71 342
Program insurance	174 814	28 941	67 287	323 497	42 485	637 024	37 192	3 831	41 023
Direct client-specific assistance	240 430	38 442	1 596	13 075	86 471	380 014	869	5 504	6 373
Telecommunication costs assigned to program	15 588	12 689	16 542	6 671	1 216	52 706	1 818		1 818
Other	10 204	37 295	41 362	4 478	251 553	344 892	618	39 555	40 173
Total program expenses	10 535 033	1 691 117	3 050 050	9 684 630	3 244 503	28 205 333	334 211	49 174	383 385
SUPPORT EXPENSES									
Support salaries		47 865	15 703	448 531	14 429	526 528	61		526 589
Support payroll taxes and fringe benefits		15 538	4 096	216 711	2 782	239 127			239 127
Dietary supplies	414 599	67 790	24 009	213 943	56 884	777 225	28 052	11 281	39 333
Housekeeping and laundry supplies	59 315	7 338	15 733	34 502	7 532	124 420	8 831		8 831
Other	9 675	1 348	2 219	89 142	163	102 547	7 121		7 121
Total support expenses	483 589	139 879	61 760	1 002 829	81 790	1 769 847	44 065	11 281	55 346
OCCUPANCY EXPENSES									
Occupancy salaries	61 455	39 122	36 260	76 740	37 974	251 551	218 228		218 228
Occupancy payroll taxes and fringe benefits	28 747	14 498	23 150	24 752	21 918	113 065	80 834		80 834
Building and equipment operations and maintenance	435 448	92 279	131 537	488 281	215 998	1 363 543	800 642	27 378	828 020
Depreciation	247 715	29 920	81 699	721 812	109 655	1 190 801	685 121	318	685 439
All other leases rent taxes					1 943	1 943	9 368		9 368
Equipment	8 176	1 965	3 057	11 204	2 676	27 078	34 163	132	34 295
Other	82 628	48 737	36 792	125 735	16 104	309 996	270 900		270 900
Total occupancy expenses	864 169	226 521	312 495	1 448 524	406 268	3 257 977	2 099 256	27 828	2 127 084
ADMINISTRATIVE EXPENSES									
Administrative salaries	21 472	16 104	58 061	1 118 500	104 151	1 318 288	2 859 703	290 062	3 149 765
Administrative payroll taxes and fringe benefits	23 697	2 033	14 910	286 003	23 790	350 433	659 674	73 214	732 888
Administrative consultants			11 720	534 366	7 284	553 370	538 254	72 190	610 444
Telecommunication costs not assigned to program	2 307	1 648	2 722	51 720		58 397	44 282	496	44 778
Office supplies and equipment	9 824	2 486	5 751	25 401	4 563	48 025	24 318	34 541	58 859
Other	2 731	588	11 443	1 355 551	(5 441)	1 364 872	556 567	365 523	922 090
Allocation of management and general	2 580 875	352 609	584 303	1 229 442	680 036	5 427 265	(5 475 647)	48 382	(5 427 265)
Total administrative expenses	2 640 906	375 468	688 910	4 600 983	814 383	9 120 650	(792 849)	884 408	91 559
TOTAL EXPENSES	\$ 14 523 697	\$ 2 432 985	\$ 4 113 215	\$ 16 736 966	\$ 4 546 944	\$ 42 353 807	\$ 1 684 683	\$ 972 691	\$ 2 657 374

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	796 495	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

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (1,347,363)	\$ (12,244,577)
Adjustments to reconcile change in net assets to net cash used in operating activities		
Depreciation and accretion	1,912,363	1,802,645
Net realized gain on investments	(3,631,408)	(1,015,155)
Change in net unrealized (gains)/losses on investments	(6,229,284)	(5,602,464)
Net loss/(gain) on disposal of assets	3,106	(2,897)
Provision for bad debt	54,262	(5,079)
Change in cash surrender value of insurance policies	(59,621)	(56,129)
Change in value of split-interest agreements	790	3,460
Change in value of remainder trust agreement	(15,083)	(8,582)
Pension and postretirement changes other than net periodic benefit costs	69,994	12,216,574
Change in other assets and liabilities		
Funds held for others	10,855	2,560
Accounts receivable	1,775,217	1,879,898
Contributions receivable	15,274	(14,952)
Accrued interest receivable	9,123	17,123
Other assets	(41,081)	(101,393)
Long-term receivable	27,027	350,897
Accounts payable	(86,878)	(5,033)
Accrued compensation and payroll taxes	242,565	97,305
Accrued postretirement benefits	(63,038)	420,140
Other accrued expenses	627,415	347,673
Due to governmental agencies	(344,262)	796,553
Other liabilities	(24,919)	82,304
Asset retirement obligations		
Other long-term liabilities	(33,278)	(33,277)
Net cash used in operating activities	(7,128,224)	(1,072,406)
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale or maturity of investments	30,062,308	40,251,888
Purchases of investments	(21,391,671)	(38,766,720)
Purchases of land, buildings, and equipment	(1,311,791)	(1,704,012)
Proceeds from disposition of land, buildings, and equipment		13,751
Net cash provided by (used in) investing activities	7,358,846	(205,093)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	230,622	(1,277,499)
CASH AND CASH EQUIVALENTS — Beginning of year	1,544,497	2,821,996
CASH AND CASH EQUIVALENTS — End of year	\$ 1,775,119	\$ 1,544,497
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION — Noncash additions to property and equipment	\$ 13,533	\$ 111,886

See notes to financial statements

MARYVILLE ACADEMY

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

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 \$2,692,943 and \$2,676,339, and the total cash surrender value is \$1,655,795 and \$1,596,174 at June 30, 2014 and 2013, respectively. The annual premium payments for fiscal years 2014 and 2013 were \$6,748 and \$6,096, respectively.

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, 2014 and 2013.

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

Assets Held for Sale—Assets held for sale represent property that qualifies as held for sale, as defined by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 360, *Property, Plant, and Equipment*. Held for sale is generally defined as property that is immediately available for sale, expected to be sold within one year, and is being actively marketed for sale. As of June 30, 2014, Maryville’s hospital facility net assets are presented as assets held for sale.

Asset Impairment—Maryville follows FASB ASC Topic 360. 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, 2014 or 2013.

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, 2014, the liability for asset retirement obligations totaled \$752,694 and the related asset totaled \$39,947, net of accumulated depreciation of \$93,844. 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.

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, 2014 and 2013.

Temporarily restricted net assets as of June 30, 2014 and 2013, are available for the following purposes or periods:

	2014	2013
Purpose restrictions—available for spending:		
Residential programs	\$ 84,894	\$ 88,924
Specialized program	83,643	56,153
Education program	52,257	27,087
Medical program	<u>6,850</u>	<u>2,000</u>
Total purpose—restricted net assets	227,644	174,164
Time restrictions—remainder trust	<u>460,049</u>	<u>444,966</u>
Total temporarily restricted net assets	<u>\$ 687,693</u>	<u>\$ 619,130</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, 2014, \$4,068 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, 2014. 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 Issued Not Yet Adopted—In April 2013, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (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 that directly benefit the recipient not-for-profit entity and for which the affiliate does not charge 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 has not yet determined the impact on its financial statements.

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers*. ASU No. 2014-09 creates Topic 606, *Revenue from Contracts with Customers*, and supersedes the revenue recognition requirements in Topic 605, *Revenue Recognition*. ASU No. 2014-09 requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those

goods or services. The guidance also specifies the accounting for some costs to obtain or fulfill a contract with a customer, and indicates an entity should disclose sufficient information to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. ASU No. 2014-09 is effective for Maryville beginning on July 1, 2017. Maryville has not yet determined the impact on its 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, 2014, Maryville has evaluated all subsequent events through December 1, 2014, which is the date the financial statements were available to be issued.

3. INVESTMENTS

Investments at fair value as of June 30, 2014 and 2013, are as follows:

	2014	2013
Mutual funds	\$ 15,720,282	\$ 14,078,487
Domestic equity securities	23,554,943	\$ 24,941,809
Foreign equity securities	<u>1,073,935</u>	<u>1,432,122</u>
Subtotal	<u>40,349,160</u>	<u>40,452,418</u>
Fixed-income securities:		
U.S. government	1,874,448	1,814,690
U.S. government agencies	9,581,498	8,119,650
Corporate bonds	11,470,635	11,736,472
Municipal bonds	88,011	
Asset-backed securities	249,915	273,162
Mortgage-backed securities	<u>221,045</u>	<u>248,265</u>
Total fixed-income securities	<u>23,485,552</u>	<u>22,192,239</u>
Total investments	<u>\$ 63,834,712</u>	<u>\$ 62,644,657</u>

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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, 2014 and 2013, are summarized as follows:

2014	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,720,282	\$ -	\$ -	\$ 15,720,282
Domestic equity securities	23,554,943			23,554,943
Foreign equity securities	<u>1,073,935</u>	<u></u>	<u></u>	<u>1,073,935</u>
Subtotal	<u>40,349,160</u>	<u>-</u>	<u>-</u>	<u>40,349,160</u>
Fixed-income securities				
U S government		1,874,448		1,874,448
U S government agencies		9,581,498		9,581,498
Corporate bonds		11,470,635		11,470,635
Municipal bonds		88,011		88,011
Asset-backed securities		249,915		249,915
Mortgage-backed securities		<u>221,045</u>	<u></u>	<u>221,045</u>
Total fixed-income securities	<u>-</u>	<u>23,485,552</u>	<u>-</u>	<u>23,485,552</u>
Total	<u>\$ 40,349,160</u>	<u>\$ 23,485,552</u>	<u>\$ -</u>	<u>\$ 63,834,712</u>

2013	Level 1	Level 2	Level 3	Total
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>

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 composed of U.S. government securities, U.S. government agency securities, corporate bonds, municipal bonds, asset-backed securities, and mortgage-backed securities. The fair value of U.S. government securities, U.S. government agency securities, corporate bonds, municipal 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 is used. U.S. government securities, U.S. government agency securities, corporate bonds, municipal 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 2014 and 2013, Maryville's depreciation expense totaled \$1,876,240 and \$1,768,593, respectively. Major classes of land, buildings, and equipment as of June 30, 2014 and 2013, are as follows:

	2014	2013
Land	\$ 1,176,203	\$ 1,601,203
Buildings	25,738,248	29,356,547
Building and land improvements	1,540,707	10,378,399
Vehicles	1,203,997	1,199,474
Furniture and fixtures	1,214,672	1,926,703
Computer equipment and software	2,542,059	2,165,915
Asset retirement obligation	<u>133,791</u>	<u>133,791</u>
Total land, buildings, and equipment	33,549,677	46,762,032
Less accumulated depreciation	<u>26,848,874</u>	<u>36,003,078</u>
Land, buildings, and equipment—net	<u>\$ 6,700,803</u>	<u>\$ 10,758,954</u>

6. RETIREMENT BENEFITS

Pension Benefits—Maryville's pension expense totaled \$1,396,022 and \$409,391 for fiscal years 2014 and 2013, respectively. 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.

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 fiscal year 2013 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 1.125% 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 and postretirement benefits as of June 30, 2014 and 2013, is as follows:

	Pension Benefits		Postretirement Benefits	
	2014	2013	2014	2013
Change in projected benefit obligation				
Projected benefit obligation—beginning of year	\$ 31,663,850	\$ -	\$ 4,805,996	\$ 5,513,312
Service cost	919,710	254,414	32,862	39,371
Interest cost	1,568,853	379,672	199,471	198,817
Actuarial (gains)/losses	2,767,807	(4,849,143)	153,393	(689,902)
Benefits paid	(632,827)	(101,793)	(252,654)	(255,602)
Plan amendments	4,276			
Obligations assumed from spin-off from multiemployer plan		35,980,700		
Projected benefit obligation—end of year	<u>\$ 36,291,669</u>	<u>\$ 31,663,850</u>	<u>\$ 4,939,068</u>	<u>\$ 4,805,996</u>
Change in plan assets				
Fair value of plan assets—beginning of year	\$ 18,503,911	\$ -	\$ 4,439,446	\$ 4,623,537
Actual return on plan assets	3,073,676	(372,603)	238,613	71,511
Employer contribution	931,105	50,000		
Benefits paid	(632,827)	(101,793)	(252,654)	(255,602)
Assets received from spin-off from multiemployer plan		18,928,307		
Fair value of plan assets—end of year	<u>\$ 21,875,865</u>	<u>\$ 18,503,911</u>	<u>\$ 4,425,405</u>	<u>\$ 4,439,446</u>
Funded status—end of year	<u>\$ (14,415,804)</u>	<u>\$ (13,159,939)</u>	<u>\$ (513,663)</u>	<u>\$ (366,550)</u>
Amounts recognized in the statements of financial statements of financial position—accrued liability	<u>\$ (14,415,804)</u>	<u>\$ (13,159,939)</u>	<u>\$ (513,663)</u>	<u>\$ (366,550)</u>

The components of net periodic benefit cost for pension benefits and net periodic benefit cost (income) for postretirement benefits for the years ended June 30, 2014 and 2013, are as follows:

	Pension Benefits		Postretirement Benefits	
	2014	2013	2014	2013
Components of net periodic benefit cost (income)				
Service cost	\$ 919,710	\$ 254,414	\$ 32,862	\$ 39,371
Interest cost	1,568,853	379,672	199,471	198,817
Expected return on plan assets	(1,496,282)	(372,559)	(85,880)	(89,673)
Amortization of prior service credit	(76,439)	(19,110)	(297,352)	(297,352)
Recognized net actuarial loss	<u>480,180</u>	<u>166,974</u>	<u>87,861</u>	<u>159,586</u>
Total net periodic benefit cost (income)	<u>\$ 1,396,022</u>	<u>\$ 409,391</u>	<u>\$ (63,038)</u>	<u>\$ 10,749</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, 2014 and 2013, are as follows:

	Pension Benefits		Postretirement Benefits	
	2014	2013	2014	2013
Reclassification adjustment for recognition of prior service credit	\$ 76,439	\$ (563,932)	\$ 297,352	\$ 297,352
Reclassification adjustment for recognition of net actuarial loss	480,180	166,974	(87,861)	(159,586)
Net actuarial loss (gain) arising during the period	<u>234,329</u>	<u>8,347,607*</u>	<u>660</u>	<u>(671,740)</u>
Pension and postretirement-related changes other than net periodic benefit cost	<u>\$ 790,948</u>	<u>\$ 7,950,649</u>	<u>\$ 210,151</u>	<u>\$ (533,974)</u>

* Net actuarial loss 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, 2014 and 2013, are as follows:

	Pension Benefits		Postretirement Benefits	
	2014	2013	2014	2013
Unrecognized net actuarial loss	\$ 9,229,090	\$ 8,514,581	\$ 1,338,780	\$ 1,425,981
Unrecognized prior service credit	<u>(487,493)</u>	<u>(563,932)</u>	<u>(1,572,991)</u>	<u>(1,870,343)</u>
Net unrecognized periodic benefit cost (income)	<u>\$ 8,741,597</u>	<u>\$ 7,950,649</u>	<u>\$ (234,211)</u>	<u>\$ (444,362)</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, 2014 and 2013, are as follows:

	Pension Benefits		Postretirement Benefits	
	2014	2013	2014	2013
Weighted-average assumptions:				
Discount rate—benefit obligation	4.37 %	4.86 %	3.84 %	4.28 %
Discount rate benefit cost	4.86	4.37	4.28	3.70
Expected return on plan assets	8.00	8.00	2.00	2.00
Rate of compensation increase	2.00	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 2014 and 2013, 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 2015, Maryville expects to contribute \$701,261 to its pension plan and does not expect to contribute to the postretirement medical retiree plan.

Plan assets for the years ended June 30, 2014 and 2013, are as follows:

	Pension Benefits		Postretirement Benefits	
	2014	2013	2014	2013
Fixed-income securities	21 %	15 %	72 %	79 %
Mutual funds—fixed income	8	8		
Domestic equity securities	43	39		
Mutual funds—equity	27	26	25	15
Short-term investments	1	12	3	6
Total	<u>100 %</u>	<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:

Years Ending June 30	Pension Benefits	Postretirement Benefits
2015	\$ 858,854	\$ 283,774
2016	901,257	291,725
2017	1,013,094	299,624
2018	1,119,770	310,055
2019	1,213,416	310,297
2020–2024	<u>7,719,796</u>	<u>1,516,505</u>
Total	<u>\$ 12,826,187</u>	<u>\$ 3,011,980</u>

Pension Plan Assets Measured at Fair Value—Assets measured at fair value on a recurring basis as of June 30, 2014, are summarized as follows:

2014	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 123,670	\$ -	\$ -	\$ 123,670
Mutual funds—equity	6,018,348			6,018,348
Domestic equity securities	9,365,438			9,365,438
Mutual funds—fixed income	1,800,828			1,800,828
Fixed-income securities:				
Municipal bonds		1,196,234		1,196,234
U.S. government agencies		1,449,532		1,449,532
Corporate bonds		1,921,815		1,921,815
Total fixed-income securities	-	4,567,581	-	4,567,581
Total	<u>\$ 17,308,284</u>	<u>\$ 4,567,581</u>	<u>\$ -</u>	<u>\$ 21,875,865</u>
2013	Level 1	Level 2	Level 3	Total
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	-	2,887,163	-	2,887,163
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 composed 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 is 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, 2014 and 2013, are summarized as follows:

2014	Level 1	Level 2	Level 3	Total
Short-term investments	<u>\$ 137,420</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 137,420</u>
Mutual funds—equity	<u>1,098,925</u>	<u>-</u>	<u>-</u>	<u>1,098,925</u>
Fixed-income securities:				
U.S. government		1,111,144		1,111,144
U.S. government agencies		957,026		957,026
Corporate bonds		<u>1,120,890</u>		<u>1,120,890</u>
Total fixed-income securities	<u>-</u>	<u>3,189,060</u>	<u>-</u>	<u>3,189,060</u>
Total	<u>\$ 1,236,345</u>	<u>\$ 3,189,060</u>	<u>\$ -</u>	<u>\$ 4,425,405</u>
2013	Level 1	Level 2	Level 3	Total
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>

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 composed of U.S. government securities, U.S. government agency securities, and corporate bonds. The fair value of U.S. government securities, 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 is used. U.S. government securities, 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 has not matched 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 2014, discretionary contributions to the Defined Contribution Plan for the Jen School employees totaled \$118,816. For fiscal year 2013, discretionary contributions to the Defined Contribution Plan for the Jen School employees totaled \$104,570. For fiscal years 2014 and 2013, Maryville did not make any other 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 2014 and 2013, respectively. Maryville expensed \$23,029 and \$56,882 for scholarships in fiscal years 2014 and 2013, respectively.

9. RELATED-PARTY TRANSACTIONS

Maryville had various related-party transactions with Catholic Charities during 2014 and 2013. 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 \$199,665, which represents insurance proceeds for damage to a building Maryville previously rented from Catholic Charities. Maryville recognized \$33,278 of rental income for fiscal years 2014 and 2013.

Maryville funded the Archdiocese’s Office of Catechesis activities totaling \$230,255 and \$282,517 for fiscal years 2014 and 2013, respectively. As of June 30, 2014 and 2013, Maryville had paid all amounts due to the Archdiocese for payments to the Office of Catechesis.

Maryville paid the Archdiocese \$1,567 for miscellaneous expenses during fiscal year 2013. 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 as of June 30, 2014 and 2013, which is included in the current liabilities in

the statements of financial position. In addition, as of June 30, 2014 and 2013, 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, which is included in accounts receivable—nonprogram in the statements of financial position as of June 30, 2013. The first payment on the note was received in June 2009, and quarterly payments were due through March 31, 2014, at an interest rate of 5.25%. The note receivable was 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.

The Catholic Bishop of Chicago 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 provide 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, 2014 and 2013, the cost of providing charity was estimated at approximately \$166,399 and \$79,840, respectively.

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.

12. SUBSEQUENT EVENT

On November 3, 2014, Maryville sold its hospital operations and facility to US Healthvest for \$22.6 million. Maryville's hospital operations ceased as of that date. The gain on the sale of the hospital will be recognized in fiscal 2015.

* * * * *

SUPPLEMENTAL SCHEDULE

MARYVILLE ACADEMY

SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2014

	Residential						Shelter Care	Specialized Programs			
	Casa Salama	Casa Imani	Casa Carino	St George	St Vincent	St Martin	Total Residential Treatment	Madden Shelter	Children's Health Care Center	Crisis Nursery	Total Specialized Programs
REVENUE AND SUPPORT											
Revenues											
Department of Children and Family Services	\$ 2 812 336	\$ 1 102 096	\$ 1 138 051	\$ 3 287 496	\$ 1 979 925	\$ 949 555	\$ 11 269 459	\$ 2 460 269	\$ -	\$ -	\$ -
Department of Human Services											
Department of Healthcare and Family Services	11 820	1 921	5 221	6 946	8 661	2 588	37 157	7 832	2 375 449		2 375 449
Other government programs	261 375						261 375				
Rent											
Interest dividends net realized and unrealized losses											
Other	4 420	501	251	1 166	117 582	1 123	125 043	1 334	132 797	25 515	158 312
Total revenues	3 089 951	1 104 518	1 143 523	3 295 608	2 106 168	953 266	11 693 034	2 469 435	2 508 246	25 515	2 533 761
Support											
Donated goods and services								36 695	7 466	26 348	33 814
Contributions and bequests	30 250	10 250	11 750	250			52 500		31 968	121 670	153 638
Special events										53 700	53 700
Net assets released from restrictions	18 541	7 738	8 409	900	300		35 888		2 484	375 235	377 719
Total support	48 791	17 988	20 159	1 150	300	-	88 388	36 695	41 918	576 953	618 871
Total revenue and support	3 138 742	1 122 506	1 163 682	3 296 758	2 106 468	953 266	11 781 422	2 506 130	2 550 164	602 468	3 152 632
EXPENSES											
Program expenses											
Program staff salaries	1 899 472	648 836	816 401	1 791 143	1 336 203	606 796	7 098 851	1 005 311	1 692 556	417 972	2 110 528
Program clerical and staff salaries	40 394	35	17	26 182	29 997	8 880	105 505	32 781	39 843	17 121	56 964
Program payroll taxes and fringe benefits	708 574	241 160	278 565	572 658	427 594	234 078	2 462 629	453 055	508 240	144 315	652 555
Program consultants	23 753	6 938	16 121	33 051	107 578		187 441	49 259	31 368		31 368
Consumer wages and fringe benefits	2 812	777	256	374	344	55	4 618				-
Medicine and drugs	8 284	510	2 743	5 030	2 576	1 105	20 248	612	17 095	79	17 174
All other direct service equipment and supplies	4 946	4 338	1 198	1 930	2 752	583	15 747	3 835	11 084	13 095	24 179
Staff transportation	8 247	665	1 055	2 759	1 700	338	14 764	4 275	1 172	1 456	2 628
Client transportation	43 853	31 167	12 817	40 769	28 992	24 554	182 152	24 407	18 217	4 310	22 527
Direct service staff conferences and conventions	557	169	168	911	161	76	2 042	215	5 340		5 340
Program insurance	46 906	15 739	18 111	43 040	33 021	17 997	174 814	28 941	50 500	16 787	67 287
Direct client-specific assistance	68 455	25 952	20 314	72 826	40 178	12 705	240 430	38 442	1 183	413	1 596
Telecommunication costs assigned to program	7 239	2 823	1 411	1 977	865	1 273	15 588	12 689	7 234	9 308	16 542
Other	1 196	455	2 283	1 206	4 654	410	10 204	37 295	9 802	31 560	41 362
Total program expenses	2 864 688	979 564	1 171 460	2 593 856	2 016 615	908 850	10 535 033	1 691 117	2 393 634	656 416	3 050 050

(Continued)

MARYVILLE ACADEMY

SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2014

	Residential						Shelter Care	Specialized Programs			
	Casa Salama	Casa Imani	Casa Carino	St George	St Vincent	St Martin	Total Residential Treatment	Madden Shelter	Children's Health Care Center	Crisis Nursery	Total Specialized Programs
EXPENSES (Continued)											
Support expenses											
Support salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 47 865	\$ 7 798	\$ 7 905	\$ 15 703
Support payroll taxes and fringe benefits								15 538	2 039	2 057	4 096
Dietary supplies	78 633	33 463	47 076	94 406	121 740	39 281	414 599	67 790	14 309	9 700	24 009
Housekeeping and laundry supplies	18 412	6 596	6 180	12 460	10 996	4 671	59 315	7 338	11 593	4 140	15 733
Other	518	255	128		8 774		9 675	1 348	1 251	968	2 219
Total support expenses	97 563	40 314	53 384	106 866	141 510	43 952	483 589	139 879	36 990	24 770	61 760
Occupancy expenses											
Occupancy salaries	20 108	6 703	6 703	13 956	9 298	4 687	61 455	39 122	18 131	18 129	36 260
Occupancy payroll taxes and fringe benefits	8 004	2 211	5 981	5 269	4 823	2 459	28 747	14 498	11 575	11 575	23 150
Building and equipment operations and maintenance	97 523	38 635	47 739	112 837	98 949	39 765	435 448	92 279	67 394	64 143	131 537
Depreciation	63 952	46 688	16 055	58 855	53 176	8 989	247 715	29 920	35 924	45 775	81 699
All other lease rent taxes											
Equipment	2 754	565	189	1 349	3 211	108	8 176	1 965	1 009	2 048	3 057
Other	33 150	11 894	11 324	13 182	8 722	4 356	82 628	48 737	22 677	14 115	36 792
Total occupancy expenses	225 491	106 696	87 991	205 448	178 179	60 364	864 169	226 521	156 710	155 785	312 495
Administrative expenses											
Administrative salaries						21 472	21 472	16 104	29 301	28 760	58 061
Administrative payroll taxes and fringe benefits	3 805	5 368	1 592	8 864	2 839	1 229	23 697	2 033	4 334	10 576	14 910
Administrative consultants									11 720		11 720
Telecommunication costs not assigned to program	1 010	333	344	310	206	104	2 307	1 648	1 361	1 361	2 722
Office supplies and equipment	2 590	1 003	1 045	2 148	2 225	813	9 824	2 486	4 355	1 396	5 751
Other	88	492	14	351	1 779	7	2 731	588	7 520	3 923	11 443
Allocation of management and general	660 181	207 095	255 925	707 093	518 105	232 476	2 580 875	352 609	409 843	174 460	584 303
Total administrative expenses	667 674	214 291	258 920	718 766	525 154	256 101	2 640 906	375 468	468 434	220 476	688 910
Total expenses	3 855 416	1 340 865	1 571 755	3 624 936	2 861 458	1 269 267	14 523 697	2 432 985	3 055 768	1 057 447	4 113 215
NET (DEFICIT) SURPLUS	\$ (716 674)	\$ (218 359)	\$ (408 073)	\$ (328 178)	\$ (754 990)	\$ (316 001)	\$ (2 742 275)	\$ 73 145	\$ (505 604)	\$ (454 979)	\$ (960 583)

(Continued)

MARYVILLE ACADEMY

SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2014

	Medical Program		Recreation/Education/Outreach			Total Program Services	Supporting Services			Program and Supporting Services
	Maryville Behavioral Health Hospital	Community Outreach	Recreation & Sport Complex	Jen School	Recreation/ Education/ Outreach		Management & General	Development	Total Supporting Services	
REVENUE AND SUPPORT										
Revenues										
Department of Children and Family Services	\$ 288,600	\$ -	\$ -	\$ -	\$ -	\$ 14,018,328	\$ -	\$ -	\$ -	\$ 14,018,328
Department of Human Services	4,246					4,246				4,246
Department of Healthcare and Family Services	9,181,074					11,601,512				11,601,512
Other government programs	37,806			2,801,743	2,801,743	3,100,924				3,100,924
Rent			196,809		196,809	196,809	295,680		295,680	492,489
Interest dividends net realized and unrealized losses							11,425,327		11,425,327	11,425,327
Other	648,188	65,790	16,167	7,490	89,447	1,022,324	61,639	5,695	67,334	1,089,658
Total revenues	10,159,914	65,790	212,976	2,809,233	3,087,999	29,944,143	11,782,646	5,695	11,788,341	41,732,484
Support										
Donated goods and services			48,554	1,244	49,798	120,307		39,555	39,555	159,862
Contributions and bequests	19,123	17,533	31,601	42,360	91,494	316,755	1,174,835		1,174,835	1,491,590
Special events		3,807	78,108	3,829	85,744	139,444			210,432	349,876
Net assets released from restrictions		31,615	8,000	34,460	74,075	487,682		(487,682)	(487,682)	-
Total support	19,123	52,955	166,263	81,893	301,111	1,064,188	-	937,140	937,140	2,001,328
Total revenue and support	10,179,037	118,745	379,239	2,891,126	3,389,110	31,008,331	11,782,646	942,835	12,725,481	43,733,812
EXPENSES										
Program expenses										
Program staff salaries	5,816,704	127,703	112,533	1,837,068	2,077,304	18,108,698	59,919		59,919	18,168,617
Program clerical and staff salaries	66,759					262,009				262,009
Program payroll taxes and fringe benefits	1,568,943	33,211	39,981	559,573	632,765	5,769,947	69,211		69,211	5,839,158
Program consultants	1,156,068	3,152	5,763	34,453	43,368	1,467,504				1,467,504
Consumer wages and fringe benefits				30,089	30,089	34,707				34,707
Medicine and drugs	695,958			518	518	734,510	1,106		1,106	735,616
All other direct service equipment and supplies	3,280	1,755	212	16,574	18,541	65,582	531	284	815	66,397
Staff transportation	183	18,721	3,604	2,471	24,796	46,646	(665)		(665)	45,981
Client transportation	16,388	817	8,126	4,710	13,653	259,127	92,270		92,270	351,397
Direct service staff conferences and conventions	12,626	15,634	509	5,601	21,744	41,967	71,342		71,342	113,309
Program insurance	323,497	2,419	7,453	32,613	42,485	637,024	37,192	3,831	41,023	678,047
Direct client-specific assistance	13,075	83,775	2,450	246	86,471	380,014	869	5,504	6,373	386,387
Telecommunication costs assigned to program	6,671	15	861	340	1,216	52,706	1,818		1,818	54,524
Other	4,478	187,682	55,877	7,994	251,553	344,892	618	39,555	40,173	385,065
Total program expenses	9,684,630	474,884	237,369	2,532,250	3,244,503	28,205,333	334,211	49,174	383,385	28,588,718

(Continued)

MARYVILLE ACADEMY

SCHEDULE OF REVENUES, SUPPORT, AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2014

	Medical Program Total Maryville Behavioral Health Hospital	Recreation/Education/Outreach Community Outreach	Recreation & Sport Complex	Jen School	Recreation/ Education/ Outreach	Total Program Services	Supporting Services Management & General	Development	Total Supporting Services	Program and Supporting Services
EXPENSES (Continued)										
Support expenses										
Support salaries	\$ 448,531	\$ -	\$ -	\$ 14,429	\$ 14,429	\$ 526,528	\$ 61	\$ -	\$ 61	\$ 526,589
Support payroll taxes and fringe benefits	216,711			2,782	2,782	239,127				239,127
Dietary supplies	213,943	2,044	5,367	49,473	56,884	777,225	28,052	11,281	39,333	816,558
Housekeeping and laundry supplies	34,502		4,995	2,537	7,532	124,420	8,831		8,831	133,251
Other	89,142			163	163	102,547	7,121		7,121	109,668
Total support expenses	1,002,829	2,044	10,362	69,384	81,790	1,769,847	44,065	11,281	55,346	1,825,193
Occupancy expenses										
Occupancy salaries	76,740		2,070	35,904	37,974	251,551	218,228		218,228	469,779
Occupancy payroll taxes and fringe benefits	24,752		318	21,600	21,918	113,065	80,834		80,834	193,899
Building and equipment operations and maintenance	488,281	2,100	135,659	78,239	215,998	1,363,543	800,642	27,378	828,020	2,191,563
Depreciation	721,812	1,167	33,696	74,792	109,655	1,190,801	685,121	318	685,439	1,876,240
All other leases rent taxes		1,943			1,943		9,368		9,368	11,311
Equipment	11,204	718	449	1,509	2,676	27,078	34,163	132	34,295	61,373
Other	125,735	24	(39,861)	55,941	16,104	309,996	270,900		270,900	580,896
Total occupancy expenses	1,448,524	5,952	132,331	267,985	406,268	3,257,977	2,099,256	27,828	2,127,084	5,385,061
Administrative expenses										
Administrative salaries	1,118,500		21,344	82,807	104,151	1,318,288	2,859,703	290,062	3,149,765	4,468,053
Administrative payroll taxes and fringe benefits	286,003	162	151	23,477	23,790	350,433	659,674	73,214	732,888	1,083,321
Administrative consultants	534,366			7,284	7,284	553,370	538,254	72,190	610,444	1,163,814
Telecommunication costs not assigned to program	51,720					58,397	44,282	496	44,778	103,175
Office supplies and equipment	25,401	126	1,395	3,042	4,563	48,025	24,318	34,541	58,859	106,884
Other	1,355,551	5,506		(10,947)	(5,441)	1,364,872	626,561	365,523	992,084	2,356,956
Allocation of management and general	1,229,442	21,067	256,873	402,096	680,036	5,427,265	(5,475,647)	48,382	(5,427,265)	-
Total administrative expenses	4,600,983	26,861	279,763	507,759	814,383	9,120,650	(722,855)	884,408	161,553	9,282,203
Total expenses	16,736,966	509,741	659,825	3,377,378	4,546,944	42,353,807	1,754,677	972,691	2,727,368	45,081,175
NET (DEFICIT) SURPLUS	\$ (6,557,929)	\$ (390,996)	\$ (280,586)	\$ (486,252)	\$ (1,157,834)	\$ (11,345,476)	\$ 10,027,969	\$ (29,856)	\$ 9,998,113	\$ (1,347,363)

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