

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

Number and street (or P O box if mail is not delivered to street address) Room/suite
 P O Box 817

City or town, state or country, and ZIP + 4
 Peoria, IL 61652

D Employer identification number
 37-0662513

E Telephone number
 (309) 636-8046

F Accounting method Cash Accrual
 Other (specify) ▶

◆ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ▶ www.ccdop.org

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 24,982,797

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ 0928

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

	Description			Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Contributions to donor advised funds	1a		0
	b Direct public support (not included on line 1a)	1b		826,476
	c Indirect public support (not included on line 1a)	1c		1,024,170
	d Government contributions (grants) (not included on line 1a)	1d		0
	e Total (add lines 1a through 1d) (cash \$ 1,850,646 noncash \$ 0)	1e		1,850,646
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		22,782,929
	3 Membership dues and assessments	3		0
	4 Interest on savings and temporary cash investments	4		25,884
	5 Dividends and interest from securities	5		211,223
	6a Gross rents	6a		0
	b Less rental expenses	6b		0
	c Net rental income or (loss) subtract line 6b from line 6a	6c		0
	7 Other investment income (describe ▶)	7		0
	Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
		0	8a	0
b Less cost or other basis and sales expenses		0	8b	0
c Gain or (loss) (attach schedule)		0	8c	0
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		0	
Revenue	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		0
	b Less direct expenses other than fundraising expenses	9b		0
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c		0
	10a Gross sales of inventory, less returns and allowances	10a		0
b Less cost of goods sold	10b		0	
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		0	
11 Other revenue (from Part VII, line 103)	11		112,115	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		24,982,797	
Expenses	13 Program services (from line 44, column (B))	13		22,798,249
	14 Management and general (from line 44, column (C))	14		1,209,946
	15 Fundraising (from line 44, column (D))	15		240,247
	16 Payments to affiliates (attach schedule)	16		0
	17 Total expenses Add lines 16 and 44, column (A)	17		24,248,442
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		734,355
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,470,820
	20 Other changes in net assets or fund balances (attach explanation)	20		0
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		2,205,175

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	4,988,678	4,988,678		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	120,030	111,628	8,402	0
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	0	0	0	0
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b and c	11,217,933	10,346,074	777,884	93,975
27	Pension plan contributions not included on lines 25a, b and c	49,321	21,133	27,326	862
28	Employee benefits not included on lines 25a - 27	1,400,182	1,313,499	81,043	5,640
29	Payroll taxes	1,017,697	939,868	70,782	7,047
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	0	0	0	0
33	Supplies	635,575	571,304	31,133	33,138
34	Telephone	171,737	157,562	11,911	2,264
35	Postage and shipping	66,963	56,211	8,387	2,365
36	Occupancy	743,118	700,860	42,258	0
37	Equipment rental and maintenance	442,459	410,702	30,844	913
38	Printing and publications	99,139	91,177	6,846	1,116
39	Travel	1,004,861	930,568	69,882	4,411
40	Conferences, conventions, and meetings	62,695	21,427	10,551	30,717
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize)				
a	Miscellaneous	29,985	4,162	25,450	373
b	Professional fees	2,176,846	2,112,173	7,247	57,426
c	Bad Debt	21,223	21,223	0	0
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	24,248,442	22,798,249	1,209,946	240,247

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ▶ Providing care to foster children, elderly & troubled minors</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>22,798,249</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		176,076	45	6,093	
	46 Savings and temporary cash investments		657,733	46	662,260	
	47a Accounts receivable	47a	1,719,247			
	b Less allowance for doubtful accounts	47b	1,000	1,372,920	47c	1,718,247
	48a Pledges receivable	48a	0			
	b Less allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable		0	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		0	0	50b	0
	51a Other notes and loans receivable (attach schedule)	51a	1,544,000			
	b Less allowance for doubtful accounts	51b	0	1,442,000	51c	1,544,000
	52 Inventories for sale or use		4,165	4,165	52	3,439
	53 Prepaid expenses and deferred charges		27,970	27,970	53	30,248
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,122,426	1,122,426	54b	1,333,649
55a Investments—land, buildings, and equipment basis	55a	0				
b Less accumulated depreciation (attach schedule)	55b	0	0	55c	0	
56 Investments—other (attach schedule)		0	0	56	0	
57a Land, buildings, and equipment basis	57a	0				
b Less accumulated depreciation (attach schedule)	57b	0	0	57c	0	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		5,675	5,675	58	5,551	
59 Total assets (must equal line 74) Add lines 45 through 58		4,808,965	4,808,965	59	5,303,487	
Liabilities	60 Accounts payable and accrued expenses		2,209,145	60	2,003,373	
	61 Grants payable		0	61	0	
	62 Deferred revenue		0	62	276,939	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)		0	64a	0	
	b Mortgages and other notes payable (attach schedule)		1,129,000	1,129,000	64b	818,000
	65 Other liabilities (describe <input type="checkbox"/> _____)		0	0	65	0
66 Total liabilities Add lines 60 through 65		3,338,145	3,338,145	66	3,098,312	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		685,151	67	1,180,635	
	68 Temporarily restricted		785,669	68	1,024,540	
	69 Permanently restricted		0	69	0	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		1,470,820	1,470,820	73	2,205,175
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		4,808,965	4,808,965	74	5,303,487

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	24,982,797
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	0
2	Donated services and use of facilities	b2	0
3	Recoveries of prior year grants	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	24,982,797
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total revenue (Part I, line 12) Add lines c and d	e	24,982,797

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	24,248,442
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	0
2	Prior year adjustments reported on Part I, line 20	b2	0
3	Losses reported on Part I, line 20	b3	0
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	24,248,442
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17) Add lines c and d	e	24,248,442

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, and financial accounts. Includes sub-sections like 82a, 83a, 84a, 85a-f, 86a-b, 87a-b, 88a-b, 89a-f, 90a-b, and 91a-b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Income from services to clients		0		0	1,324,327
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies		0		0	21,458,602
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		0		0	25,884
96 Dividends and interest from securities		0		0	211,223
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>Miscellaneous</u>		0		0	112,115
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	23,132,151
105 Total (add line 104, columns (B), (D), and (E))					23,132,151

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here	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.		
	Signature of officer		2008-02-12
	Peggy A Arizzi Executive Director		Date
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

Department of the
Treasury
Internal Revenue
Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

Employer identification number

37-0662513

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Anthony Riordan P O Box 817 Peoria, IL 61652	Associate Director 40	68,327	5,086	0
Patricia Fox P O Box 817 Peoria, IL 61652	Assisant Director 40	89,993	6,602	0
Paul Hansen P O Box 817 Peoria, IL 61652	Controller 40	66,423	3,628	0
Julie Ramlo P O Box 817 Peoria, IL 61652	Dept Head 40	68,081	0	0
Gregory Westbrooks P O Box 817 Peoria, IL 61652	Prgm Administrator 40	58,356	2,419	0
Total number of other employees paid over \$50,000	7			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Additional Data

Software ID: 06000173

Software Version: v1.00









EIN: 37-0662513

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA










Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>a Human Services - Multipurpose Foster Homes providing in home foster care (313415 days of care)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	14,719,504
<p>b Human Services - Multipurpose Counseling services including family welfare, school counseling and diagnostic counseling to minors (10758 clients)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,878,539
<p>c Human Services - Multipurpose Youth Intervention Programs providing direct service to youth from child welfare & juvenile justice system through family preservation and reunification services (0 various)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,089,010
<p>d Human Services - Multipurpose Guardian Angel Residential Home providing 24 hour care for abused and neglected minors (5954 days of care)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,353,360
<p>e Human Services - Multipurpose Other program services include Daycare \$709,879 SOLUTIONS \$617,116, Community Action \$554,038, Adoption \$314,154,SASS \$526,340, VIE \$44,904,Refugee \$3,250, SAFE \$31,253, System of Care \$581,259, Kitchen \$21,886, Diocesan \$88,304 Homemaker \$114,607, Seniors \$160,846 (0 various)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	3,757,836



Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Dan Daly 6699 N Sheridan RD Peoria, IL 61614	Vice President 0	0	0	0
Susan C Wozniak  530 NE Glen Oak Peoria, IL 61603	Board Member 0	0	0	0
Don Western  100 NE Adams Peoria, IL 61603	President 0	0	0	0
Monsignor Paul E Showalter  412 NE Madison Peoria, IL 61603	Board Member 0	0	0	0
Peggy A Arizzi P O Box 817 Peoria, IL 61652	Treasurer 40	114,571	5,459	0
Most Rev Daniel Jenky CSC  607 NE Madison Peoria, IL 61603	Chairman 0	0	0	0
Larry Hundman  405 N Hershey Rd Bloomington, IL 61701	Board Member 0	0	0	0
J Phillip Krajewski  1630 W Parkside Dr Peoria, IL 61614	Board Member 0	0	0	0
Father Richard F Bresnahan  2435 29th Moline, IL 61265	Board Member 0	0	0	0
Carl Cannon  600 NE Water St Peoria, IL 61603	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Andrew Cassidy  323 Commerce Bank Bldg Peoria, IL 61603	Board Member 0	0	0	0
Joe O'Neill  50 Commerce Dr Morton, IL 61550	Board Member 0	0	0	0
Emiel Michelet 1273 Sunset Dr East Peoria, IL 61611	Board Member 0	0	0	0
Phil Jordan  422 W Westwood Dr Peoria, IL 61614	Board Member 0	0	0	0
Jennifer Lee  4500 N Knoxville Peoria, IL 61604	Board Member 0	0	0	0
W Eric Turner  6121 N Teal Wood Circle Peoria, IL 61614	Board Member 0	0	0	0
Patricia Gibson  412 NE Madison Peoria, IL 61603	Board Member 0	0	0	0
Jerry Billeter  1347 Carolbeth Macomb, IL 61455	Board Member 0	0	0	0
Dr Joan Sattler  219 Westlake Hall Peoria, IL 61614	Board Member 0	0	0	0
Rev Msgr Douglas J Hennessy  711 N Main St Bloomington, IL 61761	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Allyson Schneider  3924 N North St Peoria, IL 61603	Board Member 0	0	0	0
Kevin Schoepflein 800 N E Glen Oak Peoria, IL 61602	Board Member 0	0	0	0
Senator Bill Brady  2203 Eastland Dr Bloomington, IL 61701	Board Member 0	0	0	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 g	government agencies
96	dividends from securities
93 a	income from services to clients
103 a	miscellaneous
95	interest

TY 2006 Compensation Explanation

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

EIN: 37-0662513

Software ID: 06000173

Software Version: v1.00

Person Name	Explanation
Susan C Wozniak	
Don Western	
Monsignor Paul E Show alter	
Most Rev Daniel Jenky CSC	
Larry Hundman	
J Phillip Krajew ski	
Father Richard F Bresnahan	
Carl Cannon	
Andrew Cassidy	
Joe O'Neill	
Phil Jordan	
Jennifer Lee	
W Eric Turner	
Patricia Gibson	
Jerry Billeter	
Dr Joan Sattler	
Rev Msgr Douglas J Hennessy	
Allyson Schneider	
Senator Bill Brady	

TY 2006 Individual Assistance Schedule

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

EIN: 37-0662513

Software ID: 06000173

Software Version: v1.00

Class of Activity	Amount
Payments to foster homes	4,988,678

TY 2006 Investments - Securities Schedule

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

EIN: 37-0662513

Software ID: 06000173

Software Version: v1.00

Description	Book Value	Cost/FMV
Stock Investment Account	1,333,649	F

TY 2006 Mortgages and Notes Payable Schedule

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

EIN: 37-0662513

Software ID: 06000173

Software Version: v1.00

Total Mortgage Amount:

Item No.	1
Lender's Name	Guardian Angel Orphanage
Lender's Title	
Relationship to Insider	related parties
Original Amount of Loan	818000
Balance Due	818000
Date of Note	2007-06
Maturity Date	2008-06
Repayment Terms	quarterly
Interest Rate	0
Security Provided by Borrower	none
Purpose of Loan	Cash Advance
Description of Lender Consideration	cash
Consideration FMV	818000

TY 2006 Other Assets Schedule

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

EIN: 37-0662513

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Advance to employees	5,675	5,551

**TY 2006 Other Notes/Loans
Receivable Short Schedule**

Name: CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

EIN: 37-0662513

Software ID: 06000173

Software Version: v1.00

Category/Name	Amount
Guardian Angel Orphanage	1,544,000

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1546-1879

For calendar year 2006, or tax year beginning 7/1/2006, and ending 6/30/2007
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868
▶ See instructions on back.

2006

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CATHOLIC CHARITIES OF THE DIOCESE OF PEORIA

Employer identification number

37 0662513

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>\$24,982,797</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ *Peggy A. Arizzi* | 2/12/08 ▶ Peggy A Arizzi, Executive Director
Signature of officer | Date | Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ _____	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN	Phone no. ()		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN	Phone no. ()	