

**Return of Organization Exempt From Income Tax**

**2001**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year beginning JULY 1, 2001, and ending JUNE 30, 2002

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

**C** Name of organization: JUDEVINE CENTER FOR AUTISM  
 Number and street (or P O box if mail is not delivered to street address): 9455 ROTT RD  
 City or town, state or country, and ZIP + 4: ST LOUIS MO 63127-1915

**D** Employer identification number: 43 0974927

**E** Telephone number: (314) 849-4440

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**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** Enter 4-digit GEN ▶

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

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	61,032		
	b	Indirect public support <u>UNITED WAY</u>	1b	175,115		
	c	Government contributions (grants)	1c	178,944		
	d	Total (add lines 1a through 1c) (cash \$ <u>408,141</u> noncash \$ _____)	1d	408,141		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	10,422,638		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	2,481		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7				
8a	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost of other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	9	Special events and activities (attach schedule)	8d			
	a	Gross revenue (not including contributions reported on line 1a) of <u>COOEN, UT</u>	9a	122,655		
	b	Less direct expenses other than fundraising expenses	9b	76,565		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	46,090			
10a	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	122,734			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	11,002,084			
Expenses	13	Program services (from line 44, column (B))	13	9,411,493		
	14	Management and general (from line 44, column (C))	14	1,343,631		
	15	Fundraising (from line 44, column (D))	15	149,540		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	10,904,664		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	97,420		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,710,764		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,808,184		

SCANNED JAN 27 '03 Revenue

RECEIVED  
JAN 6 2003  
COOEN, UT

SP

**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 Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	157,020		157,020	
26	Other salaries and wages	6,894,047	6,306,012	510,272	77,763
27	Pension plan contributions				
28	Other employee benefits	560,748	520,473	35,836	4,439
29	Payroll taxes	590,878	527,463	56,732	6,683
30	Professional fundraising fees				
31	Accounting fees	17,500		17,500	
32	Legal fees	13,091		13,091	
33	Supplies	137,148	109,925	23,065	4,158
34	Telephone	201,406	169,394	24,027	7,985
35	Postage and shipping	58,991	39,222	14,029	5,740
36	Occupancy	865,898	819,143	31,923	14,832
37	Equipment rental and maintenance	99,837	91,959	5,606	2,272
38	Printing and publications	31,523	18,031	7,006	6,486
39	Travel	511,347	458,499	53,223	2,625
40	Conferences, conventions, and meetings	18,684	13,713	2,520	2,451
41	Interest	67,824	13,687	54,137	
42	Depreciation, depletion, etc (attach schedule)	239,982	160,268	78,523	1,191
43	Other expenses not covered above (itemize) a	16,411	5,745	9,171	1,495
b	OUTSIDE SERVICE	273,702	67,429	199,429	6,844
c	INSURANCE	72,816	59,294	13,522	
d	ADVERTISING	29,248	26,018	3,230	
e	MISCELLANEOUS	46,163	8,218	33,769	4,176
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	10,904,664	9,411,493	1,343,631	149,540

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 Specific Instructions on page 24)

What is the organization's primary exempt purpose? <input type="checkbox"/> _____	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
a SEE SCHEDULE # 2  (Grants and allocations \$ _____)	
b  (Grants and allocations \$ _____)	
c  (Grants and allocations \$ _____)	
d  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

**Part IV Balance Sheets** (See Specific Instructions on page 24)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45	Cash—non-interest-bearing	424,832	45	336,829
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	1,431,730	47c	1,380,780
	b	Less allowance for doubtful accounts	50,950		
	47b		1,129,553		
	48a	Pledges receivable		48c	
	b	Less allowance for doubtful accounts			
	48b			48c	
	49	Grants receivable	75,403	49	83,608
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)		51c	
	b	Less allowance for doubtful accounts			
	51b			51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	45,392	53	118,640
54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	311	54	311	
55a	Investments—land, buildings, and equipment basis		55c		
b	Less accumulated depreciation (attach schedule)				
55b			55c		
56	Investments—other (attach schedule)		56		
57a	Land, buildings, and equipment basis	4,005,975	57c	2,048,401	
b	Less accumulated depreciation (attach schedule) <i>SCHEDULE #3</i>	1,957,574			
57b		1,991,143	57c		
58	Other assets (describe <input type="checkbox"/> )	61,973	58	64,062	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	3,728,612	59	4,032,631	
Liabilities	60	Accounts payable and accrued expenses	964,928	60	1,205,187
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule) <i>SCHEDULE #4</i>	1,052,890	64b	1,019,260
	64b			64b	
65	Other liabilities (describe <input type="checkbox"/> )		65		
66	<b>Total liabilities</b> (add lines 60 through 65)	2,017,848	66	2,224,447	
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	1,635,359	67	1,624,694
	68	Temporarily restricted	75,403	68	183,490
	69	Permanently restricted		69	
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,710,764	73	1,808,184	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	3,728,612	74	4,032,631	

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 26)

a Total revenue, gains, and other support per audited financial statements ▶ a 11,002,084

b Amounts included on line a but not on line 12, Form 990

(1) Net unrealized gains on investments \$ \_\_\_\_\_

(2) Donated services and use of facilities \$ \_\_\_\_\_

(3) Recoveries of prior year grants \$ \_\_\_\_\_

(4) Other (specify) \_\_\_\_\_

..... \$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ b \_\_\_\_\_

c Line a minus line b ▶ c 11,002,084

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$ \_\_\_\_\_

(2) Other (specify) \_\_\_\_\_

..... \$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ d \_\_\_\_\_

e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 11,002,084

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

a Total expenses and losses per audited financial statements ▶ a 10,904,664

b Amounts included on line a but not on line 17, Form 990

(1) Donated services and use of facilities \$ \_\_\_\_\_

(2) Prior year adjustments reported on line 20, Form 990 \$ \_\_\_\_\_

(3) Losses reported on line 20, Form 990 \$ \_\_\_\_\_

(4) Other (specify) \_\_\_\_\_

..... \$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ b \_\_\_\_\_

c Line a minus line b ▶ c 10,904,664

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$ \_\_\_\_\_

(2) Other (specify) \_\_\_\_\_

..... \$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ d \_\_\_\_\_

e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 10,904,664

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26)

(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	(E) Expense account and other allowances
LOIS J. BLACKWELL 1061 PINEGATE ST LOUIS, MO 63132	PRESIDENT 40+HRS	95,000	N/A	N/A
REBECCA BLACKWELL 112 HOLLY DR ST LOUIS MO 63119	ASSOC EXEC DIR 40+HRS	72,000	N/A	N/A
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see Specific Instructions on page 27

**Part VI Other Information** (See Specific Instructions on page 27)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		✓
<b>b</b> If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures See line 81 instructions <b>81a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
<b>b</b> If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <b>82b</b> _____		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?		N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b> _____		
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b> _____		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> _____		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> _____		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
<b>86 501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> _____		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b> _____		
<b>87 501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders <b>87a</b> _____		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b> _____		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		✓
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
<b>b 501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization _____		
<b>90a</b> List the states with which a copy of this return is filed _____		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2001 (See instructions) <b>90b</b> _____		
<b>91</b> The books are in care of <b>BUSINESS OFFICE</b> Telephone no <b>(314) 845-4440</b> Located at <b>9455 ROTT RD ST LOUIS MO</b> ZIP + 4 <b>63127-1915</b>		
<b>92</b> 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 <b>92</b> _____		<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

**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 <u>RESIDENTIAL SERVICES</u>					5,462,207
b <u>ADULT SERVICES</u>					1,635,647
c <u>FAMILY SUPPORT SERVICES</u>					483,824
d <u>TRAINING SERVICES</u>					688,912
e <u>OTHER SERVICE - OUTSTATE</u>					2,151,988
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,481	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not 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			C1	46,890	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b <u>MISCELLANEOUS</u>			D1	122,734	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				171,305	10,462,638
105 Total (add line 104, columns (B), (D), and (E))					10,593,943

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)**

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	PROVIDES VARIOUS SERVICES FOR CHILDREN AND ADULTS WITH AUTISM AND PROVIDES SUPPORT TO THEIR FAMILIES. THESE SERVICES ARE AN ESSENTIAL PART OF AUTISTIC INDIVIDUALS THERAPY AND TREATMENT WHICH ALLOWS THEM TO BE INCLUDED IN THE COMMUNITY.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**

(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 Specific Instructions on page 33)**

- (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)

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

1/16/03  
Date

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

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2001**

**Supplementary Information—(See separate instructions.)**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

*JUDGMENT CENTER FOR AUTISM*

Employer identification number

*HJ 0579927*

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 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
<i>NONE</i>				
Total number of other employees paid over \$50,000 ▶				

**Part II 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
<i>NONE</i>		
Total number of others receiving over \$50,000 for professional services ▶		

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including 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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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.		✓
<b>2a</b> Sale, exchange, or leasing of property?		✓
<b>2b</b> Lending of money or other extension of credit?		✓
<b>2c</b> Furnishing of goods, services, or facilities?		✓
<b>2d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
<b>2e</b> Transfer of any part of its income or assets?		✓
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		✓
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	✓	
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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% 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% 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26 Organizations described on lines 10 or 11</b>	<b>a</b> Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	
<b>b</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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶	<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).		▶	<b>26c</b>	
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		▶	<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		▶	<b>26e</b>	
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	<b>26f</b>	%

<b>27 Organizations described on line 12:</b>	<b>a</b> 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:	(2000)	<i>N/A</i>	(1999)	<i>N/A</i>	(1998)	<i>N/A</i>	(1997)	<i>N/A</i>
<b>b</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 11, 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:	(2000)	<i>N/A</i>	(1999)	<i>N/A</i>	(1998)	<i>N/A</i>	(1997)	<i>N/A</i>	
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		▶	<b>27c</b>						
<b>d</b> Add: Line 27a total _____ and line 27b total _____		▶	<b>27d</b>						
<b>e</b> Public support (line 27c total minus line 27d total)		▶	<b>27e</b>						
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶	<b>27f</b>							
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	<b>27g</b>	%					
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	<b>27h</b>	%					

**28 Unusual Grants** For an organization described in line 10, 11 or 12 that received any unusual grants during 1997 through 2000, 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
<b>29</b> 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?	✓	
<b>30</b> 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?	✓	
<b>31</b> 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 )	✓	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		N/A
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	✓	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	✓	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		✓
<b>b</b> Admissions policies?		✓
<b>c</b> Employment of faculty or administrative staff?		✓
<b>d</b> Scholarships or other financial assistance?		✓
<b>e</b> Educational policies?		✓
<b>f</b> Use of facilities?		✓
<b>g</b> Athletic programs?		✓
<b>h</b> Other extracurricular activities?		✓
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	✓	
<b>b</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		✓
<b>35</b> 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	✓	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		N/A
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)		
<b>39</b> Other exempt purpose expenditures		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table—		
<b>If the amount on line 40 is—</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is—</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)		N/A
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

**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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 12 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
	✓	
	✓	
		N/A

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



**THE JUDEVINE CENTER FOR AUTISM**  
**43-0979927**  
**Form 990**  
**FYE 6/30/02**  
**Schedule 4**

LONG TERM DEBT	2002	2001
equipment payable in monthly installments of \$375 including principal and interest at 09% with final installment due October 2002	1,125	5,595
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$377 including principal and interest at 09% with final installment due October 2002	1,510	5,994
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$394 including principal and interest at 09% with final installment due October 2002	1,181	5,881
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$396 including principal and interest at 09% with final installment due October 2002	0	5,909
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$378 including principal and interest at 09% with final installment due October 2002	1,132	5,630
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$920 including principal and interest at 8.75% with final installment due May 2005	0	36,598
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$320 including principal and interest at 8.25% with final installment due March 2005	0	12,351
Note payable - bank, secured by automotive equipment payable in monthly installments of \$1,100 including principal and interest at 9.75% with final installment due October 2003	0	27,190
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$633 including principal and interest at 90% with final installment due July 2003	8,188	15,674
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$633 including principal and interest at 90% with final installment due July 2003	8,188	15,674
Note payable - bank, secured by automotive equipment payable in monthly installments of \$457 including principal		

**THE JUDEVINE CENTER FOR AUTISM**  
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**Schedule 4**

<b>LONG TERM DEBT</b>	<b>2002</b>	<b>2001</b>
and interest at 8.70% with final installment due August 2002	0	6,105
Note payable - Chrysler Financial secured by automotive equipment payable in monthly installments of \$405 including principal and interest at 9.0% with final installment due March 2005	12,816	17,542
Note payable - Chrysler Financial secured by automotive equipment payable in monthly installments of \$405 including principal and interest at 9.0% with final installment due March 2005	12,816	17,542
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$496 including principal and interest at 4.90% with final installment due March 2003	3,910	9,526
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$487 including principal and interest at 4.90% with final installment due March 2003	<u>3,841</u>	<u>9,355</u>
Total	1,019,260	986,143
Less current maturities	<u>148,458</u>	<u>186,915</u>
	<u><u>\$870,802</u></u>	<u><u>\$799,228</u></u>

**THE JUDEVINE CENTER FOR AUTISM**  
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**Schedule 4**

LONG TERM DEBT	2002	2001
Note payable - bank secured by automotive equipment, payable in monthly installments of \$554 including principal and interest at 6.45% with final installment due March 2005	16,699	0
Note payable - bank, secured by automotive equipment payable in monthly installments of \$677 including principal and interest at 6.45% with final installment due March 2005	20,394	0
Note payable - bank secured by automotive equipment, payable in monthly installments of \$847 including principal and interest at 6.22% with final installment due April 2005	27,014	0
Note payable - bank secured by automotive equipment payable in monthly installments of \$420 including principal and interest at 8.50% with final installment due January 2002	0	2893
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$741 including principal and interest at 8.25% with final installment due January 2002	0	9,279
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$226 including principal and interest at 8.75% with final installment due August 2001	0	479
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$1,093 including principal and interest at 8.25% with final installment due August 2002	0	14,685
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$369 including principal and interest at 8.25% with final installment due September 2002	0	5,290
Note payable - bank secured by automotive equipment payable in monthly installments of \$639 including principal and interest at 8.25% with final installment due October 2002	0	9,681
Note payable - bank, secured by automotive equipment payable in monthly installments of \$316 including principal and interest at 8.25% with final installment due May 2002	0	3,367
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$316 including principal and interest at 8.25% with final installment due July 2002	0	3,904
Note payable - Ford Motor Credit, secured by automotive		

THE JUDEVINE CENTER FOR AUTISM  
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Schedule 3

LINE 57C

PROPERTY EQUIPMENT & ACCUMULATED DEPRECIATION

	END OF YEAR	BEGINNING OF YEAR
LAND & BUILDING	\$2,241,076	\$2,215,588
AUTOMOTIVE EQUIP	766,170	771,963
FURNISHINGS, TECH & OFFICE	961,244	900,474
LEASEHOLD IMPRV	37,485	37,485
TOTAL	4,005,975	3,925,510
LESS. ACCUM DEPR	1,957,574	1,934,367
NET PROPERTY	\$2,048,401	\$1,991,143

**THE JUDEVINE CENTER FOR AUTISM**  
**43-0979927**  
**Form 990**  
**FYE 6/30/02**  
**Schedule 4**

<b>LONG TERM DEBT</b>	<b>2002</b>	<b>2001</b>
Note payable - bank, secured by first deed of trust on Rott Road property, payable in monthly principal installments of \$2,932 plus interest at 8.25%. The final balloon payment is due February 2004	0	365,271
Note Payable - bank, secured by first deed of trust on Rott Road property, payable in monthly installments of \$2,883 including principal and interest of 7.50%. The final balloon payment is due February 2007	351,864	0
Note payable - Productive Living Board secured by first deed of trust on Calverton property, principal payable in monthly installments of \$372, non interest bearing final installment due Sept 2020	81,334	85,800
Note payable - Productive Living Board secured by first deed of trust on Forest Home property, principal payable in monthly installments of \$305, non interest bearing final installment due Apr 2022	72,656	76,319
Note payable - Productive Living Board, secured by first deed of trust on Dobbın property, principal payable in monthly installments of \$304, non interest bearing final installment due Apr 2022	72,397	76,048
Note payable - bank, secured by deed of trust on Rockwood Drive property payable in monthly installments of \$701 including principal and interest at 8.50%. The final balloon payment is due Jul 2003	0	76,054
Note payable - bank, secured by deed of trust on Rockwood Drive property, payable in monthly installments of \$617 including principal and interest at 7.50%. The final balloon payment is due February 2007	75,329	0
Note payable - bank, secured by deed of trust on Fox Chase Drive property payable in monthly installments of \$136 including principal and interest at prime rate plus 0.25% the prime rate at June 30, 2002 was 4.75%. The final balloon payment is June 1, 2004	0	60,507
Note payable - bank, secured by deed of trust on Fox Chase Drive property, payable in monthly installments of \$495 including principal and interest of 7.50%. The final payment is due February 2007	60,461	0
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$6,318 including principal and interest at 5.83% with final installment due February 2005	186,405	0

**THE JUDEVINE CENTER FOR AUTISM**

43-0979927

Form 990

FYE 6/30/02

Schedule 2

**Part III Statement of Program Service Accomplishments**

- **Residential Services – 6 adults and 1 child served in 2 long term group homes in the community 58 children and adults served through supported living arrangements, host family arrangements and in-home supported living, receiving residential habilitation and behavioral programming, and necessary support to be fully included into their community.**
- **Adult day services – approximately 47 individuals over the age of 21 were provided with direct service in the areas of social and communication skills, behavior supports, community involvement, work skill training and transportation in the Community Based Program and the EXCELL Program In our Supported Employment Program, 39 were provided with support at various job sites and in community integration activities within the St. Louis City and St. Louis County areas. All services are individualized to the needs of the adults we serve**
- **Training Programs – 134 families including autistic children and their parents participated in Parent Training, a crucial part of each child's treatment/therapy. Approximately 198 other mental health professionals, teachers, staff, and other individuals participated in other training services These services consisted of classroom training, consultations, and workshops.**
- **Family Support – where individuals with autism and their families are served, supports provided include in home behavior training, consultation, parent and sibling support groups, National Support Workshops and triage services; also, Respite services were provided to autistic and behaviorally challenged individuals and their families. Respite care allows families relief from the continual care of these developmentally disabled. Service provisions are for two to twenty-four hour periods. These two areas of care serviced 517 individuals**
- **Other – provide wide range of services to autistic individuals and their families in Central, Southwest, and Southeast Missouri These services encompass the services enumerated in C and D above.**

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

<b>Type or print</b>	Name of Exempt Organization <i>JUDOVINE CENTER FOR AUTISM</i>	Employer identification number <i>43 0978927</i>
File by the due date for filing your return. See instructions	Number street and room or suite no. If a P.O. box, see instructions <i>9453 ROIT RD</i>	
	City, town or post office, state and ZIP code. For a foreign address see instructions <i>ST LOUIS, MO 63127</i>	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month for **990-T corporation**) extension of time until *FEBRUARY 15*, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20 \_\_\_\_\_ or  
 ▶  tax year beginning *JUL 1*, 2001, and ending *JUNE 30*, 2002

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ *~ / 4*

### Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ *Richard W. Green* Title ▶ *Controller* Date ▶ *11/5/02*