

**Return of Organization Exempt From Income Tax**

**2002**

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 2002 calendar year, or tax year beginning **JULY 1**, 2002, and ending **JUNE 30**, 2003

- 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) Room/suite  
**1101 OLIVETTE EXECUTIVE PARKWAY**

City or town state or country and ZIP + 4  
**ST LOUIS, MO 63132-3252**

**D** Employer identification number  
**43 0979927**

**E** Telephone number  
**(314) 432-6200**

**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)

**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 ▶

**G** Web site ▶

**J** Organization type (check only one)  501(c) ( 3 ) (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.

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

**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 page 17 of the instructions)

Revenue	1	Contributions gifts grants and similar amounts received	1a	105,797	1d	359,856	
	a	Direct public support	1b	168,915		2	10,449,542
	b	Indirect public support UNITED WAY	1c	85,144		3	
	d	Total (add lines 1a through 1c) (cash \$ 359,856 noncash \$ )				4	1,047
Expenses	2	Program service revenue including government fees and contracts (from Part VII line 93)			5		
	3	Membership dues and assessments			6a		
	4	Interest on savings and temporary cash investments			6b		
	5	Dividends and interest from securities			6c		
	6a	Gross rents	6a		7		
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)			8d		
	7	Other investment income (describe )					
	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
	b	Less cost or other basis and sales expenses	8a				
Net Assets	c	Net gain or (loss) (attach schedule)	8b				
	d	Net gain or (loss) (combine line 8c columns (A) and (B))	8c				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	106,618			
	b	Less direct expenses other than fundraising expenses	9b	63,832	9c	42,786	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)					
	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	51,198	
	12	Total revenue (add lines 1d 2 3, 4 5, 6c 7, 8d, 9c, 10c, and 11)			12	10,904,429	
13	Program services (from line 44, column (B))			13	9,616,928		
14	Management and general (from line 44, column (C))			14	1,542,833		
15	Fundraising (from line 44, column (D))			15	164,867		
16	Payments to affiliates (attach schedule)			16			
17	Total expenses (add lines 16 and 44, column (A))			17	11,324,628		
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-420,199		
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,808,184		
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	1,387,985		

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**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 page 21 of the instructions.)

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	7,058,071	6,436,214	546,054	75,803
27	Pension plan contributions				
28	Other employee benefits	598,747	549,170	47,151	2,426
29	Payroll taxes	638,678	569,408	62,904	6,366
30	Professional fundraising fees				
31	Accounting fees	18,000		18,000	
32	Legal fees	34,241		34,241	
33	Supplies	126,689	99,164	24,146	3,379
34	Telephone	208,048	173,292	28,677	6,079
35	Postage and shipping	54,885	39,735	9,718	5,432
36	Occupancy	912,406	822,198	71,410	18,798
37	Equipment rental and maintenance	84,649	74,045	9,253	1,351
38	Printing and publications	37,554	14,379	7,796	15,379
39	Travel	528,316	463,905	62,913	1,498
40	Conferences, conventions, and meetings	42,656	38,376	4,280	
41	Interest	78,884	13,159	65,725	
42	Depreciation, depletion, etc. (attach schedule)	288,449	186,660	96,636	5,153
43	Other expenses not covered above (itemize): a	11,971	2,604	8,074	1,293
b	OUTSIDE SERVICE	259,857	67,266	174,058	18,533
c	INSURANCE	65,237	41,858	23,379	
d	ADVERTISING	27,090	18,147	6,365	2,578
e	MISCELLANEOUS	93,180	7,348	85,033	799
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-16.	11,324,628	9,616,928	1,542,833	164,867

**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 page 24 of the instructions.)

What is the organization's primary exempt purpose? ▶ \_\_\_\_\_

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.)
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 page 24 of the instructions )

Note		Where required attached schedules and amounts within the description column should be for end of year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest bearing		336,829	45	180,595
	46	Savings and temporary cash investments			46	
	47a	47a	1,573,910			
		47b	49,216	1,380,780	47c	1,524,694
		48a				
		48b			48c	
	48a	Pledges receivable				
		48b			48c	
	49	Grants receivable		83,608	49	84,600
	50	Receivables from officers directors, trustees and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)				
		51a				
		51b			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		118,640	53	61,285
54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		311	54	311	
55a	Investments—land, buildings, and equipment basis					
	55a					
	55b			55c		
56	Investments—other (attach schedule)			56		
57a	Land, buildings, and equipment basis		4,562,220			
	57a					
	57b	2,111,462	2,048,401	57c	2,450,758	
58	Other assets (describe <input type="checkbox"/> )		64,062	58	56,656	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		4,032,631	59	4,358,899	
Liabilities	60	Accounts payable and accrued expenses		1,205,187	60	1,259,040
	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	
		64a				
		64b	1,019,260	1,019,260	64b	1,711,874
65	Other liabilities (describe <input type="checkbox"/> )			65		
66	<b>Total liabilities</b> (add lines 60 through 65)		2,224,447	66	2,970,914	
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		1,624,694	67	1,303,385
	68	Temporarily restricted		183,490	68	84,600
	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)		1,808,184	73	1,387,985
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		4,032,631	74	4,358,899

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 page 26 of the instructions)

<b>a</b> Total revenue, gains and other support per audited financial statements ▶	<b>a</b> 10,904,429
<b>b</b> Amounts included on line a but not on line 12, Form 990	
<b>(1)</b> Net unrealized gains on investments \$	
<b>(2)</b> Donated services and use of facilities \$	
<b>(3)</b> Recoveries of prior year grants \$	
<b>(4)</b> Other (specify)	
\$	
Add amounts on lines (1) through (4) ▶	<b>b</b>
<b>c</b> Line a minus line b ▶	<b>c</b> 10,904,429
<b>d</b> Amounts included on line 12, Form 990 but not on line a	
<b>(1)</b> Investment expenses not included on line 6b Form 990 \$	
<b>(2)</b> Other (specify)	
\$	
Add amounts on lines (1) and (2) ▶	<b>d</b>
<b>e</b> Total revenue per line 12 Form 990 (line c plus line d) ▶	<b>e</b> 10,904,429

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

<b>a</b> Total expenses and losses per audited financial statements ▶	<b>a</b> 11,324,628
<b>b</b> Amounts included on line a but not on line 17 Form 990	
<b>(1)</b> Donated services and use of facilities \$	
<b>(2)</b> Prior year adjustments reported on line 20 Form 990 \$	
<b>(3)</b> Losses reported on line 20, Form 990 \$	
<b>(4)</b> Other (specify)	
\$	
Add amounts on lines (1) through (4) ▶	<b>b</b>
<b>c</b> Line a minus line b ▶	<b>c</b> 11,324,628
<b>d</b> Amounts included on line 17, Form 990 but not on line a	
<b>(1)</b> Investment expenses not included on line 6b Form 990 \$	
<b>(2)</b> Other (specify)	
\$	
Add amounts on lines (1) and (2) ▶	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b> 11,324,628

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. see page 26 of 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	(E) Expense account and other allowances
LOIS J BLACKWELL 1061 PINEGATE ST LOUIS, MO 63132	PRESIDENT 40+HRS	85,020	N/A	N/A
REBECCA BLACKWELL 112 HOLLY DR ST LOUIS, MO 63119	ASSOC EXEC DIR 40+	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 page 26 of the instructions

**Part VI Other Information** (See page 27 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
77	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		✓
78a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?		✓
78b	b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement		✓
80a	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?		✓
81a	b If "Yes" enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	
81b	b Did the organization file <b>Form 1120-POL</b> for this year?		✓
82a	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?	✓	
82b	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)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85a	85 <i>501(c)(4), (5), or (6) organizations</i> a Were substantially all dues nondeductible by members?	85a	
85b	b Did the organization make only in-house lobbying expenditures of \$2 000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85h	h 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?	85h	
86a	86 <i>501(c)(7) orgs</i> Enter a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	
87a	87 <i>501(c)(12) orgs</i> Enter a Gross income from members or shareholders	87a	
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	88 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	88	✓
89a	89a <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
89b	b <i>501(c)(3) and 501(c)(4) orgs</i> 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	89b	✓
90a	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
90b	d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
91	90a List the states with which a copy of this return is filed <input type="checkbox"/>	90b	
91	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	91	
92	The books are in care of <input type="checkbox"/> JUDEVINE BUSINESS OFFICE Telephone no <input type="checkbox"/> ( 314 ) 432-6200		
92	Located at <input type="checkbox"/> 1101 OLIVETTE EXEC PRKWY ST LOUIS MO ZIP + 4 <input type="checkbox"/> 63132-3252		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> RESIDENTIAL SERVICES					5,471,479
<b>b</b> ADULT SERVICES					1,594,286
<b>c</b> FAMILY SUPPORT SERVICES					529,919
<b>d</b> TRAINING SERVICES					671,061
<b>e</b> OTHER SERVICES - OUTSTATE					2,182,797
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	1,047	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	42,786	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b> MISCELLANEOUS			01	51,198	
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				95,031	10,449,542
<b>105</b> Total (add line 104 columns (B) (D) and (E))					10,544,573

**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 page 32 of 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)
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 page 32 of 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 page 33 of 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)

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.

Please Sign: Patricia L. Adelle Date: 12/24/03

Date	Check if self	Preparer's SSN or PTIN (See Gen. Inst. W)
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**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

**2002**

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 <b>JUDEVINE CENTER FOR AUTISM</b>	Employer identification number <b>43 0979927</b>
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**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
NONE				
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
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

<b>Part III Statements About Activities</b> (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>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?		✓
<b>b</b>	Lending of money or other extension of credit?		✓
<b>c</b>	Furnishing of goods, services, or facilities?		✓
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
<b>e</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 5 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 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 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(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 1998 through 2001 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 _____		▶	26d	
22 _____ 26b _____		▶	26e	
e Public support (line 26c minus line 26d total)		▶	26f	%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶		

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:

(2001) N/A (2000) N/A (1999) N/A (1998) N/A

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:

(2001) N/A (2000) N/A (1999) N/A (1998) N/A

c Add: Amounts from column (e) for lines 15 _____ 16 _____		▶	27c	
17 _____ 20 _____ 21 _____		▶	27d	
d Add: Line 27a total _____ and line 27b total _____		▶	27e	
e Public support (line 27c total minus line 27d total)		▶	27f	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).		▶	27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶		

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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?	✓	
<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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	N/A
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	N/A
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	N/A
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	N/A
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	N/A
<b>41</b>	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	<b>41</b>	N/A
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	N/A
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	N/A
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	N/A

**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 )

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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

	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			N/A
<b>c</b> Media advertisements			N/A
<b>d</b> Mailings to members legislators or the public			N/A
<b>e</b> Publications or published or broadcast statements			N/A
<b>f</b> Grants to other organizations for lobbying purposes			N/A
<b>g</b> Direct contact with legislators their staffs government officials or a legislative body			N/A
<b>h</b> Rallies demonstrations, seminars conventions speeches, lectures or any other means			N/A
<b>i</b> Total lobbying expenditures (Add lines c through h )			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 6/30/03**  
**Schedule 3**

**LINE 57C**

**PROPERTY EQUIPMENT & ACCUMULATED DEPRECIATION**

	<b>END OF YEAR</b>	<b>BEGINNING OF YEAR</b>
<b>LAND &amp; BUILDING</b>	<b>\$2,696,296</b>	<b>\$2,241,076</b>
<b>AUTOMOTIVE EQUIP</b>	<b>759,446</b>	<b>766,170</b>
<b>FURNISHINGS, TECH &amp; OFFICE</b>	<b>1,031,114</b>	<b>961,244</b>
<b>LEASEHOLD IMPRV</b>	<b>75,364</b>	<b>37,485</b>
<b>TOTAL</b>	<b>4,562,220</b>	<b>4,005,975</b>
<b>LESS ACCUM DEPR</b>	<b>2,111,462</b>	<b>1,957,574</b>
<b>NET PROPERTY</b>	<b>\$2,450,758</b>	<b>\$2,048,401</b>

**THE JUDEVINE CENTER FOR AUTISM**  
**43-0979927**  
**Form 990**  
**FYE 6/30/03**  
**Schedule 4**

	2003	2002
<b>NOTES PAYABLE</b>		
Notepayable - bank, line of credit, secured by accounts receivable, interest only payable in monthly installments at 2 1/2% over the bank's LIBOR rate	<u>\$515,295</u>	<u>\$0</u>
<b>LONG TERM DEBT</b>		
Note payable - secured by first deed of trust on Katy Court property, payable in monthly installments of \$875 including principal and interest at 6.46% The final balloon payment is due March 2008	\$116,079	\$0
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	343,750	351,864
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	76,867	81,334
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	68,993	72,656
Note payable - Productive Living Board, secured by first deed of trust on Dobbins property, principal payable in monthly installments of \$304, non interest bearing final installment due Apr 2022	68,747	72,397
Note payable - bank, secured by first deed of trust on Tea Rose Drive property, payable in monthly installments of \$1,131 including principal and interest at 5.93% The final balloon payment is due October 2007	154,915	0
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	73,592	75,329
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	59,067	60,461

**THE JUDEVINE CENTER FOR AUTISM**

43-0979927

Form 990

FYE 6/30/03

Schedule 4

	2003	2002
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	119,822	186,405
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	10,969	16,699
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	13,397	20,394
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	17,670	27,014
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$346 including principal and interest at 0% with final installment due July 2007	16,961	0
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$506 including principal and interest at 4 92% with final installment due September 2005	12,844	0
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$502 including principal and interest at 5 06% with final installment due September 2005	12,771	0
Note payable - bank, secured by automotive equipment, payable in monthly installments of \$502 including principal and interest at 5 06% with final installment due September 2005	12,771	0
Note payable - Ford Motor Credit, secured by automotive equipment payable in monthly installments of \$375 including principal and interest at 09% with final installment due October 2002	0	1,125

**THE JUDEVINE CENTER FOR AUTISM**  
**43-0979927**  
**Form 990**  
**FYE 6/30/03**  
**Schedule 4**

	2003	2002
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	0	1,510
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	636	8,188
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	636	8,188
Note payable - Chrysler Financial secured by automotive equipment payable in monthly installments of \$405 including principal and interest at 09% with final installment due March 2005	8,046	12,816
Note payable - Chrysler Financial secured by automotive equipment payable in monthly installments of \$405 including principal and interest at 09% with final installment due March 2005	8,046	12,816
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	0	1,181
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	0	1,132
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	0	3,910
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	0	3,841
	<u>0</u>	<u>3,841</u>
Total	1,196,579	1,019,260
Less current matunties	156,391	148,458
	<u>\$1,040,188</u>	<u>\$870,802</u>

**THE JUDEVINE CENTER FOR AUTISM**

43-0979927

Form 990

FYE 6/30/03

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 46 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, 40 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 – 125 families including autistic children and their parents participated in Parent Training and child specific consultations, a crucial part of each child's treatment/therapy. Approximately 451 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 352 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

OMB No 1545-1709

▶ 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>JUDEVINE CENTER FOR AUTISM</i>	Employer identification number <i>43 0979927</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>1101 OLIVETTE EXECUTIVE PKWY</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <i>ST LOUIS, MO. 63132 - 3252</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, 2004 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 JULY 1, 2002, and ending JUNE 30, 2003.

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. \$ N/A

### 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 ▶ *Ronald H. Quinn* Title ▶ CONTROLLER Date ▶ 11/6/03