

Return of Organization Exempt From Income Tax

2003

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 2003 calendar year, or tax year beginning July 1, 2003, and ending June 30, 2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization JUDEVINE CENTER FOR AUTISM		D Employer identification number 43 : 0979927
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1101 OLIVETTE EXECUTIVE PARKWAY		E Telephone number (314) 432-6200
		City or town, state or country, and ZIP + 4 ST. LOUIS, MO. 63132-3252		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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

G Website: ▶

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.**

I Group Exemption Number ▶

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 ▶ **11,531,651**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received					
	a Direct public support	1a	1,103,497			
	b Indirect public support	1b	164,578			
	c Government contributions (grants)	1c	111,218			
	d Total (add lines 1a through 1c) (cash \$ 1,379,293 noncash \$)	1d			1,379,293	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			9,835,018	
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4			1,568	
	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 Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
		8a	155,250			
		8b	156,299			
		8c	(1,049)			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			(1,049)		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	110,337		
		b Less direct expenses other than fundraising expenses	9b	62,544		
		c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			47,793
	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			50,185		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			11,312,808		
Expenses	13 Program services (from line 44, column (B))	13			8,955,854	
	14 Management and general (from line 44, column (C))	14			1,527,244	
	15 Fundraising (from line 44, column (D))	15			186,892	
	16 Payments to affiliates (attach schedule)	16				
	17 Total expenses (add lines 16 and 44, column (A))	17			10,669,990	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			642,818	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,387,985	
	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			2,030,803	

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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 22 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.	279,617		225,717	53,900
26	Other salaries and wages	6,661,572	6,107,332	519,433	34,807
27	Pension plan contributions				
28	Other employee benefits	568,954	519,593	45,497	3,864
29	Payroll taxes	586,093	515,380	63,270	7,443
30	Professional fundraising fees				
31	Accounting fees	16,000		16,000	
32	Legal fees	27,993		27,993	
33	Supplies	90,870	65,308	18,123	7,439
34	Telephone	186,629	147,403	35,234	3,992
35	Postage and shipping	50,979	35,920	5,222	9,837
36	Occupancy	880,066	724,399	139,950	15,717
37	Equipment rental and maintenance	33,989	30,906	2,267	816
38	Printing and publications	41,365	31,754	7,381	2,230
39	Travel	503,212	447,288	53,939	1,985
40	Conferences, conventions, and meetings	8,720	797	7,661	262
41	Interest	74,301	9,703	64,561	37
42	Depreciation, depletion, etc (attach schedule)	288,429	160,903	115,556	11,970
43	Other expenses not covered above (itemize) a	9,372	1,452	6,359	1,561
b	Outside Services	211,381	103,236	78,368	29,777
c	Insurance	71,017	30,223	40,794	
d	Advertising	29,042	12,518	16,138	386
e	Miscellaneous	50,389	11,739	37,781	869
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	10,669,990	8,955,854	1,527,244	186,892

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 25 of the instructions)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a See attached schedule	
(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 25 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	180,595	45	637,613
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	1,258,544		
	b Less. allowance for doubtful accounts	49,216	47c	1,209,328
	48a Pledges receivable			
	b Less. allowance for doubtful accounts		48c	
	49 Grants receivable	84,600	49	83,021
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule).			
	b Less. allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	61,285	53	100,658
	54 Investments—securities (attach schedule)	311	54	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments—land, buildings, and equipment. basis			
b Less. accumulated depreciation (attach schedule)		55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment. basis	4,219,951			
b Less. accumulated depreciation (attach schedule)	2,132,870	57c	2,087,081	
58 Other assets (describe ► _____)	56,656	58	55,669	
59 Total assets (add lines 45 through 58) (must equal line 74)	4,358,899	59	4,173,370	
Liabilities	60 Accounts payable and accrued expenses	1,259,040	60	1,064,865
	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)	1,711,874	64b	1,077,702
	65 Other liabilities (describe ► _____)		65	
66 Total liabilities (add lines 60 through 65)		66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,303,385	67	1,947,782
	68 Temporarily restricted	84,600	68	83,021
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,387,985	73	2,030,803
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4,358,899	74	4,173,370

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 27 of the instructions)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a 11,312,808</p> <p>b Amounts included on line a but not on line 12, Form 990.</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b _____</p> <p>c Line a minus line b ▶ c 11,312,808</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d _____</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 11,312,808</p>	<p>a Total expenses and losses per audited financial statements ▶ a 10,669,990</p> <p>b Amounts included on line a but not on line 17, Form 990.</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b _____</p> <p>c Line a minus line b ▶ c 10,669,990</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d _____</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 10,669,990</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 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 1101 Olivette Exec Prkwy St Louis Mo 63132	President (retired) 40hrs	84,567	2,699	0
Rebecca S Blackwell 1101 Olivette Exec Prkwy St Louis Mo 63132	Exec Director 40hrs	76,050	6,848	0
Patricia A Soehlke 1101 Olivette Exec Prkwy St Louis Mo 63132	CFO 40hrs	65,100	651	0
Colleen O'Leary Card 1101 Olivette Exec Prkwy St Louis Mo 63132	Dir Development 40hrs	53,900	3,551	0
Jeffery A Mentel, J.D. 1101 Olivette Exec Prkwy St Louis Mo 63132	Brd Chairman 0 to 5hrs	0	0	0
David A Pelley, Ph.D. 1101 Olivette Exec Prkwy St Louis Mo 63132	Brd Vice Chair 0 to 5hrs	0	0	0
Anne M Konold, Esq 1101 Olivette Exec Prkwy St Louis Mo 63132	Brd Secretary 0 to 5hrs	0	0	0
See Attached Schedule				

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 28 of the instructions.

Part VI Other Information (See page 28 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	76	✓
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.	77	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
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?	80a	✓
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 and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	✓
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?	82a	✓
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	✓
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	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
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.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
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	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	501(c)(3) organizations 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"/>		
b	501(c)(3) and 501(c)(4) orgs. 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	✓
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"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> Missouri		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	401
91	The books are in care of <input type="checkbox"/> Patricia A Soehlke CFO Telephone no <input type="checkbox"/> (314) 432-6200 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 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 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Training Services					600,465
b Family Support Services					541,072
c Outreach Services					1,940,432
d Residential Services					5,250,674
e Adult Day Services					1,502,375
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	1,568	
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			01	(1,049)	
101 Net income or (loss) from special events			01	47,793	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a Miscellaneous					50,185
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				48,312	9,885,203
105 Total (add line 104, columns (B), (D), and (E))					9,933,515

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 34 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	See attached schedule

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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
	%			
	%			
	%			
	%			

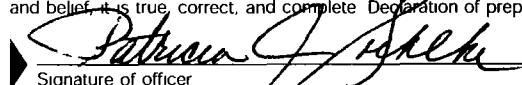
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(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  Signature of officer Date **2/10/05**

Date	Check if self-employed <input type="checkbox"/>	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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2003

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

JUEVINE CENTER FOR AUTISM

Employer identification number

43 : 0979927

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
Julie Roscoe 1101 Olivette Exec Prkwy St Louis, Mo 63132	Deputy Director	51,127	2,016	0
Jeanne Marshall 1101 Olivette Exec Prkwy St Louis, Mo 63132	Deputy Director	51,076	5,346	0
Laura Perkins 1101 Olivette Exec Prkwy St Louis, Mo 63132	Deputy Director	51,000	5,693	0
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 ▶		

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	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 i 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		✓
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	✓	
b	Lending of money or other extension of credit?		✓
c	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e	Transfer of any part of its income or assets?		✓
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		✓
b	Do you have a section 403(b) annuity plan for your employees?	✓	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓

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 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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 (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . ▶ 27f					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

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

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

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	N/A
38	Total lobbying expenditures (add lines 36 and 37)	38	N/A
39	Other exempt purpose expenditures	39	N/A
40	Total exempt purpose expenditures (add lines 38 and 39).	40	N/A
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
41	Grassroots nontaxable amount (enter 25% of line 41)	41	N/A
42	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	42	N/A
43	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	43	N/A
44		44	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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			N/A
d Mailings to members, legislators, or the public			N/A
e Publications, or published or broadcast statements			N/A
f Grants to other organizations for lobbying purposes			N/A
g Direct contact with legislators, their staffs, government officials, or a legislative body			N/A
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			N/A
i Total lobbying expenditures (Add lines c through h .)			

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

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43-0979927
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Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

93a **Training Programs** provides Judevine's Specialized Training for individuals with autism spectrum disorders and their families and for professionals in the field of education and mental health

93b **Family Support Services** provides support for individuals with autism spectrum disorders and their families

93c. **Outreach Services** provides training and support services for individuals with autism spectrum disorders and their families in their homes in outstate and rural Missouri

93d **Residential Services** provides living arrangements and habilitation services for children and adults with autism spectrum disorders

93e **Adult Day Services** provides social, communication and work skills training for adults with autism spectrum disorders

103a **Miscellaneous** - Prior year program revenue adjustments for services provided for individuals with autism spectrum and their families

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Part V (Cont) List of Officers, Directors, Trustees, and Key Employees

Column A	Column B	Column C	Column D	Column E
J Denis Catalano, M D , Ph.D 1101 Olivette Exec Parkway St. Louis, Mo 63132	Brd Member 0 to 5hrs	0	0	0
Douglas C Huff 1101 Olivette Exec Parkway St. Louis, Mo. 63132	Brd Member 0 to 5hrs	0	0	0
Linda K Hunter 1101 Olivette Exec Parkway St Louis, Mo. 63132	Brd Member 0 to 5hrs	0	0	0
Janet L Nemeec, Ph D 1101 Olivette Exec Parkway St. Louis, Mo 63132	Brd Member 0 to 5hrs	0	0	0
Mark Schaeffer 1101 Olivette Exec Parkway St Louis, Mo 63132	Brd Member 0 to 5hrs	0	0	0
Michael G Vranich, D O 1101 Olivette Exec Parkway St Louis, Mo 63132	Brd Member 0 to 5hrs	0	0	0

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LINE 57C

PROPERTY EQUIPMENT & ACCUMULATED DEPRECIATION

	COST	ACCUM DEPR	BOOK VALUE
LAND & BUILDING	\$2,595,932	\$898,550	\$1,697,382
AUTOMOTIVE EQUIP	638,388	400,198	238,190
FURNISHINGS, TECH & OFFICE	889,522	792,685	96,837
LEASEHOLD IMPRV	96,109	41,437	54,672
TOTAL	\$4,219,951	\$2,132,870	\$2,087,081

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LINE 64B

	2004	2003
NOTES PAYABLE		
FINANCIAL INSTITUTIONS	\$873,894	\$1,497,267
PRODUCTIVE LIVING BOARD	203,808	214,607
	<u>\$1,077,702</u>	<u>\$1,711,874</u>

THE JUDEVINE CENTER FOR AUTISM

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Form 990

FYE 6/30/04

LINE 8D

DATE / HOW ACQUIRED	ASSET	SOLD TO	SALES PRICE	ORIGINAL COST	SELLING COST	DEPR	GAIN/(LOSS)
99 Purchase	Vehicle	W. Kolath	\$200	\$16,047		(\$15,780)	(\$67)
00 Purchase	Vehicle	W. Kolath	\$200	\$13,399		(\$11,612)	(\$1,587)
03 Purchase	Vehicle	W. Kolath	\$250	\$3,600		(\$1,200)	(\$2,150)
99 Purchase	Vehicle	W. Kolath	\$600	\$15,047		(\$15,047)	\$600
99 Purchase	Vehicle	W. Kolath	\$250	\$10,055		(\$9,656)	(\$149)
99 Purchase	Vehicle	W. Kolath	\$250	\$15,047		(\$15,047)	\$250
03 Purchase	Bldg	D. Harp	\$153,500	\$148,824	\$9,425	(\$6,803)	\$2,054
							<u>(\$1,049)</u>

THE JUDEVINE CENTER FOR AUTISM
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FYE 6-30-04

Part III Statement of Program Service Accomplishments

a. **Training Programs** provided Judevine's Specialized Training for 375 individuals with autism spectrum disorders and their families who came to Judevine from around the world. Judevine's unique training methods included child-specific consultations, assessments and clinical therapies. The clinical therapies offered were Speech, Behavior, Occupational and Music Therapies. Training in the Judevine methods was provided for 938 school district and agency staff throughout the United States. Program expenses totalled \$923,658.

b. **Family Support Services** provided services for 350 individuals with autism spectrum disorders and their families in the St. Louis area. Services included In-Home behavior training, consultations, parent and sibling support groups, natural support workshops, triage services and up to 24-hour periods of relief for families. Program expenses totalled \$440,249.

c. **Outreach Services** provided services to 1,752 individuals with autism spectrum disorders and their families in 92 counties in Central, Southwest and Southeast Missouri. Services included both In-Home Parent Training and In-Home Family support services for families in rural Missouri. Program expenses totalled \$1,811,713.

d. **Residential Services** provided services for 66 children and adults with autism spectrum disorders through Supported Living Arrangements, Group Homes, Host Family Arrangements and In-Home Supported Living in the St. Louis area. Services included residential habilitation, behavioral programming and support to be fully included into their community. Program expenses totalled \$4,670,234.

e. **Adult Day Services** provided services for 44 adults with autism spectrum disorders over the age of 21 living in the St. Louis area through On-Site services, Community Based Services and Supported Employment. Services included social and communication skills training, behavior supports, community involvement, work skill training and transportation. All services are individualized to the needs of the individual. Program expenses totalled \$1,409,689.

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Schedule A Part III Statement about Activities

2a. Leasing of Property. Judevine leased two homes from members of their Board of Directors. The two homes were used as Supported Living Arrangements for individuals with autism spectrum disorders.

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.

Type or print	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 PARKWAY</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*, 20*05*, 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*, 20*03*, and ending *JUNE 30*, 20*04*

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 ▶ *Richard H. O'Connell* Title ▶ *CONTROLLER* Date ▶ *11/11/04*