

**Return of Organization Exempt From Income Tax**

**2005**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

**A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006**

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

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

**C Name of organization**  
**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 63122-3252**

**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

**G Website:** ▶ **www.judevine.org**

**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 chooses to file a return, be sure to file a complete return 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 ▶ **11,112,934**

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

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>86,922</b>		
<b>b</b>	Indirect public support	<b>1b</b>	<b>150,121</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>356,985</b>		
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		<b>594,028</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>10,394,486</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>3,503</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe ▶)	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	<b>1,600</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>8,865</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<b>&lt; 7,265 &gt;</b>		
<b>8d</b>				<b>&lt; 7,265 &gt;</b>	
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<b>119,317</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>34,586</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<b>84,731</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>11,069,483</b>	
<b>Expenses</b>					
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>9,668,051</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>1,217,985</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>294,009</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 13 and 14, column (A))	<b>17</b>		<b>11,180,045</b>	
<b>Net Assets</b>					
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>&lt; 110,562 &gt;</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,287,276</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>1,176,714</b>	

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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 the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b>	Specific assistance to individuals (attach schedule) . . . . .	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule) . . . . .	<b>24</b>			
<b>25</b>	Compensation of officers, directors, etc. . . . .	<b>25</b>	<b>381,312</b>	<b>381,312</b>	
<b>26</b>	Other salaries and wages . . . . .	<b>26</b>	<b>6,967,295</b>	<b>6,603,903</b>	<b>124,970</b>
<b>27</b>	Pension plan contributions . . . . .	<b>27</b>			
<b>28</b>	Other employee benefits . . . . .	<b>28</b>	<b>565,516</b>	<b>549,566</b>	<b>10,002</b>
<b>29</b>	Payroll taxes . . . . .	<b>29</b>	<b>613,787</b>	<b>548,316</b>	<b>55,251</b>
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b>	Accounting fees . . . . .	<b>31</b>	<b>19,448</b>	<b>19,448</b>	
<b>32</b>	Legal fees . . . . .	<b>32</b>	<b>34,654</b>	<b>34,654</b>	
<b>33</b>	Supplies . . . . .	<b>33</b>	<b>206,855</b>	<b>183,885</b>	<b>20,837</b>
<b>34</b>	Telephone . . . . .	<b>34</b>	<b>143,598</b>	<b>115,679</b>	<b>24,866</b>
<b>35</b>	Postage and shipping . . . . .	<b>35</b>	<b>43,305</b>	<b>28,516</b>	<b>8,496</b>
<b>36</b>	Occupancy . . . . .	<b>36</b>	<b>829,811</b>	<b>692,644</b>	<b>117,918</b>
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>	<b>49,660</b>	<b>47,296</b>	<b>7,130</b>
<b>38</b>	Printing and publications . . . . .	<b>38</b>	<b>49,660</b>	<b>13,702</b>	<b>4,470</b>
<b>39</b>	Travel . . . . .	<b>39</b>	<b>618,887</b>	<b>579,988</b>	<b>34,869</b>
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>	<b>8,209</b>	<b>1,442</b>	<b>3,636</b>
<b>41</b>	Interest . . . . .	<b>41</b>	<b>64,284</b>	<b>19,375</b>	<b>44,909</b>
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	<b>161,681</b>	<b>134,988</b>	<b>16,127</b>
<b>43</b>	Other expenses not covered above (itemize):				
a	<b>Outside Services</b> . . . . .	<b>43a</b>	<b>260,657</b>	<b>88,548</b>	<b>107,106</b>
b	<b>Insurance</b> . . . . .	<b>43b</b>	<b>63,916</b>	<b>43,812</b>	<b>19,708</b>
c	<b>Advertising</b> . . . . .	<b>43c</b>	<b>38,887</b>	<b>5,683</b>	<b>30,337</b>
d	<b>Miscellaneous</b> . . . . .	<b>43d</b>	<b>47,485</b>	<b>10,652</b>	<b>38,487</b>
e	. . . . .	<b>43e</b>			
f	. . . . .	<b>43f</b>			
g	. . . . .	<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	<b>44</b>	<b>11,180,045</b>	<b>9,668,051</b>	<b>1,217,985</b>

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

<p>What is the organization's primary exempt purpose? ▶</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others )</p>
<p><b>a See attached schedule #2</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>b</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>c</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>d</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . ▶</p>	

**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .	268,279	45	176,368
	46	Savings and temporary cash investments . . . . .		46	
	47a	Accounts receivable . . . . .	1,484,179		
	b	Less: allowance for doubtful accounts . . . . .	49,216	47c	1,434,963
	48a	Pledges receivable . . . . .		48c	
	b	Less: allowance for doubtful accounts . . . . .		49	270,923
	49	Grants receivable . . . . .	318,341	49	270,923
	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 . . . . .	226,708	53	71,101
	54	Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	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 . . . . .	2,802,687		
	b	Less: accumulated depreciation (attach schedule) . . . . .	1,695,544	57c	1,107,143
	58	Other assets (describe ▶ . . . . .)	43,336	58	119,340
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58. . . . .	3,328,297	59	3,179,838	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .	1,051,658	60	1,072,728
	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) . . . . .	989,363	64b	930,396
	65	Other liabilities (describe ▶ . . . . .)		65	
66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .	2,041,021	66	2,003,124	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted . . . . .	924,712	67	910,440
	68	Temporarily restricted . . . . .	362,564	68	266,274
	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) . . . . .	1,287,276	73	1,176,714	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	3,328,297	74	3,179,838	





**Part VI Other Information** (continued)

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b> _____		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b> _____	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> _____	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> _____	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> _____	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b> _____	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b> _____	
<b>86</b>	<b>501(c)(7) orgs</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b> _____	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> _____	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b> _____	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b> _____	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90a</b>	List the states with which a copy of this return is filed ▶ _____		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b> _____	
<b>91a</b>	The books are in care of ▶ <b>M. Joseph Rizzo</b> Telephone no. ▶ <b>( 314 ) 432-6200</b> Located at ▶ <b>1101 Olivette Executive Parkway, St. Louis, MO</b> ZIP + 4 ▶ <b>63132-3252</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	<b>91b</b>	<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ _____	<b>91c</b>	<input checked="" type="checkbox"/>
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<input type="checkbox"/>	<input type="checkbox"/>

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <b>Training Services</b>					<b>603,888</b>
<b>b</b> <b>Family Support Services</b>					<b>588,856</b>
<b>c</b> <b>Outreach Services</b>					<b>1,869,430</b>
<b>d</b> <b>Residential Services</b>					<b>5,847,535</b>
<b>e</b> <b>Adult Day Services</b>					<b>1,484,777</b>
<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			<b>14</b>	<b>3,503</b>	
<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>01</b>	<b>&lt; 7,265 &gt;</b>	
<b>101</b> Net income or (loss) from special events . . . . .			<b>01</b>	<b>84,731</b>	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				<b>80,969</b>	<b>10,394,486</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					<b>10,475,455</b>

**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 the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Schedule #6

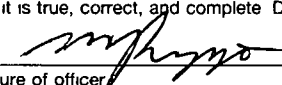
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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 Here:  Signature of officer | Date **2-15-2007**

**M. Joseph Rizzo, Chief Operating Officer**  
Type or print name and title

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

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

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

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

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

OMB No 1545-0047

**2005**

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

**Judevine 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
Laura Perkins 1101 Olivette Executive Parkway	Deputy Director	51,000	4,845	0
Julie Roscoe 1101 Olivette Executive Parkway	Deputy Director	52,800	5,808	0

Total number of other employees paid over \$50,000 . ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 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.		
<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>3a</b> 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>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	✓	
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		✓

**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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18.					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
c Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b>
d Add Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
e Public support (line 26c minus line 26d total)					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> %
<b>27 Organizations described on line 12:</b> 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					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add. Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b>
d Add Line 27a total, _____ and line 27b total, _____					<b>27d</b>
e Public support (line 27c total minus line 27d total)					<b>27e</b>
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b>	Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b>	Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b>	Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b>	Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b>	Other extracurricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . .		
	Over \$1,000,000 but not over \$1,500,000 . . . . .		
	Over \$1,500,000 but not over \$17,000,000 . . . . .		
	Over \$17,000,000 . . . . .		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40 . . . . .		
	\$100,000 plus 15% of the excess over \$500,000 . . . . .		
	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
	\$1,000,000 . . . . .	<b>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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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.)			
<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.



Judevine Center for Autism  
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Schedule #1

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**Line 8c**      **Gain (Loss) from Sales of Assets Other than Inventory**

<b>Asset</b>	<b>Description</b>	<b>Basis (cost)</b>	<b>Sale Price</b>	<b>Depreciation</b>	<b>Gain (Loss)</b>
Vehicle	1997 Ford Escort	10,047	200	(10,047)	200
Vehicle	1999 Ford Escort	13,368	150	(13,368)	150
Vehicle	2000 Ford Windstar	22,080	750	(14,715)	(8,115)
Vehicle	1997 Mercury Villager	15,997	500	(15,997)	500
Totals		61,492	1,600	(54,127)	(7,265)

Judevine Center for Autism  
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Schedule #2

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### **Part III Statement of Program Service Accomplishments**

a. **Training Programs** provided Judevine's Specialized Training for 723 children 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, classroom education and clinical therapies. The clinical therapies offered were Speech, Behavior, Occupational and Music Therapies. Program expenses totaled \$1,049,202.

b. **Family Support Services** provided services for 268 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 totaled \$539,337.

c. **Outreach Services** provided services to 1,765 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 totaled \$1,646,821.

d. **Residential Services** provided services for 70 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 totaled \$5,399,878.

e. **Adult Day Services** provided services for 84 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 totaled \$1,230,195.

Judevine Center for Autism  
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Schedule #3

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**Line 57a - 57b**                      **Land, Buildings and Equipment**

	<u>Basis (cost)</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land and Buildings	\$1,389,217	\$460,753	\$928,464
Automotive Equipment	409,006	304,960	104,046
Office Equipment and Furniture	913,948	870,965	42,983
Leasehold Improvements	90,516	58,866	31,650
Totals	<u>\$2,802,687</u>	<u>\$1,695,544</u>	<u>\$1,107,143</u>

Judevine Center for Autism  
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Schedule #4

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**Line 64b**                      **Mortgages and Other Notes Payable**

	<u>Fiscal 2006</u>	<u>Fiscal 2005</u>
Financial Institutions	\$123,969	\$250,113
Productive Living Board	<u>\$180,247</u>	<u>\$192,028</u>
Totals	<u>\$304,216</u>	<u>\$442,141</u>

Judevine Center for Autism  
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 2005 Form 990

Schedule #5

**Part V-A Current Officers, Directors, Trustees and Key Employees**

Column A	Column B	Column C	Column D	Column E
Rebecca Blackwell 1101 Olivette Executive Parkway St. Louis, MO 63132	Executive Director 40+ hours	\$ 102,900	\$ 9,261	0
M. Joseph Rizzo 1101 Olivette Executive Parkway St. Louis, MO 63132	Chief Operating Officer 40+ hours	98,000	8,820	0
Jeanne Marshall 1101 Olivette Executive Parkway St. Louis, MO 63132	Chief Program Officer 40+ hours	72,000	6,840	0
Patricia Soehlke 1101 Olivette Executive Parkway St. Louis, MO 63132	Chief Financial Officer 40+ hours	71,990	6,839	0
Linda Haley 1101 Olivette Executive Parkway St. Louis, MO 63132	Chief Development Officer 40+ hours	36,422	3,460	0
Jeffery A Mentel, J.D. 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Chair 0 - 5 hours	0	0	0
David A Pelley, Ph.D. 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Vice Chair 0 - 5 hours	0	0	0
Anne M Konold, Esq 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Secretary 0 - 5 hours	0	0	0

Judevine Center for Autism  
 43-0979927  
 2005 Form 990

Schedule #5

**Part V-A** **Current 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 Executive Parkway St. Louis, MO 63132	Board Member 0 - 5 hours	0	0	0
Dale Furtwengler 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Member 0 - 5 hours	0	0	0
Douglas C. Huff 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Member 0 - 5 hours	0	0	0
Linda K. Hunter 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Member 0 - 5 hours	0	0	0
Janet L. Nemeec, Ph.D. 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Member 0 - 5 hours	0	0	0
Mark Schaeffer 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Member 0 - 5 hours	0	0	0
Michael G. Vranich, D.O. 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Member 0 - 5 hours	0	0	0
Louis Wray 1101 Olivette Executive Parkway St. Louis, MO 63132	Board Member 0 - 5 hours	0	0	0
Totals		\$ 381,312	\$ 35,220	0

**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. Specialized Training includes consultations, assessments, classroom education, and clinical therapies.
- 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.

Judevine Center for Autism  
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2005 Form 990

Schedule #7

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**Schedule A - Part III**                      **Statement about Activities**

- 1     Judevine Center for Autism may, to an insubstantial degree, make comments or statements concerning legislation directly affecting its exempt programs. The organization does engage in conversations or correspondence with government officials regarding contracts with government agencies and funding sources. The amount of time and money involved in general legislative lobbying, if any, is insignificant.

Judevine Center for Autism  
43-0979927  
2005 Form 990

Schedule #8

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**Schedule A - Part III**                      **Statement about Activities**

**2a. Leasing of Property**

Judevine leased two houses from members of their Board of Directors. The two houses were used as supported living arrangements for individuals with autism spectrum disorders.