

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

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 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

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		E Telephone number 314.432.6200
		1101 OLIVETTE EXECUTIVE PARKWAY		
		City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63132-3252		F Accounting method <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual

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

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

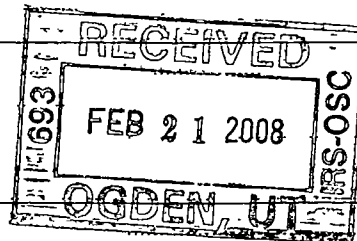
H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **12,641,140.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, and similar amounts received:			
	a	1a			
	b	1b	489,473.		
	c	1c	143,993.		
	d	1d	122,224.		
	e	1e	755,690.		755,690.
	2	2			11,843,064.
	3	3			
	4	4			4,395.
	5	5			
	6a	6a			
	6b	6b			
6c	6c				
7	7				
8a	(A) Securities	8a	6,975.		
	(B) Other	8b	7,627.		
		8c	<652.>		
8d	8d				<652.>
9	9				
a	9a	21,630.			
b	9b	56,944.			
9c	9c				<35,314.>
10a	10a				
10b	10b				
10c	10c				
11	11				9,386.
12	12				12,576,569.
Expenses	13	13			10,552,245.
	14	14			1,422,848.
	15	15			434,379.
	16	16			
	17	17			12,409,472.
18	18				167,097.
Net Assets	19	19			1,176,714.
	20	20			0.
	21	21			1,343,811.



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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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	446,360.	110,217.	231,131.	105,012.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	7,711,942.	7,231,898.	376,632.	103,412.
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28	550,801.	514,117.	30,525.	6,159.
29 Payroll taxes 29	668,597.	595,090.	56,407.	17,100.
30 Professional fundraising fees 30				
31 Accounting fees 31	22,500.		22,500.	
32 Legal fees 32	7,385.	995.	6,390.	
33 Supplies 33				
34 Telephone 34	150,018.	116,568.	30,648.	2,802.
35 Postage and shipping 35	48,494.	28,506.	12,958.	7,030.
36 Occupancy 36	832,923.	698,650.	116,839.	17,434.
37 Equipment rental and maintenance 37	53,590.	43,258.	8,045.	2,287.
38 Printing and publications 38	49,251.	6,423.	6,032.	36,796.
39 Travel 39	714,064.	637,279.	70,743.	6,042.
40 Conferences, conventions, and meetings 40	8,360.	154.	2,954.	5,252.
41 Interest 41	80,039.	17,813.	62,226.	
42 Depreciation, depletion, etc (attach schedule) 42	150,106.	124,158.	21,449.	4,499.
43 Other expenses not covered above (itemize). a _____ 43a b _____ 43b c _____ 43c d _____ 43d e _____ 43e f _____ 43f g SEE STATEMENT 3 43g	915,042.	427,119.	367,369.	120,554.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	12,409,472.	10,552,245.	1,422,848.	434,379.

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a TRAINING SERVICES PROVIDE SPECIALIZED TRAINING FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES. TRAINING METHODS INCLUDE CHILD-SPECIFIC CONSULTATIONS, ASSESSMENTS, CLASSROOM EDUCATION, AND CLINICAL THERAPIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,107,605.
b OUTREACH SERVICES PROVIDE INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES IN RURAL AREAS ACCESS TO SERVICES THEY MAY NOT OTHERWISE RECEIVE. SERVICES INCLUDE ASSESSMENTS, PARENT TRAINING, FAMILY SUPPORT, COMMUNITY INCLUSION, AND MUSIC THERAPY. THE OUTREACH PROGRAM SERVICES 92 COUNTIES ACROSS MISSOURI.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,543,466.
c RESIDENTIAL SERVICES PROVIDE CHILDREN AND ADULTS WITH AUTISM SPECTRUM DISORDERS SUPPORTED LIVING ARRANGEMENTS, GROUP HOMES, HOST FAMILY ARRANGEMENTS AND IN-HOME SUPPORTED LIVING IN THE ST. LOUIS AREA. STAFF-TO-CLIENT RATIOS TEND TO BE 1:1 TO 1:3.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,107,032.
d ADULT DAY SERVICES PROVIDE ADULTS WITH AUTISM SPECTRUM DISORDERS SOCIAL AND COMMUNICATION SKILLS TRAINING, BEHAVIOR SUPPORT, COMMUNITY INVOLVEMENT, AND WORK SKILL TRAINING AND TRANSPORTATION. ADULT DAY SERVICES ARE AVAILABLE TO ADULTS AGED 21 YEARS AND OLDER.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,266,772.
e Other program services (attach schedule) SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	527,370.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	10,552,245.

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	
Assets	45	Cash - non-interest-bearing	176,368.	45	34,551.
	46	Savings and temporary cash investments		46	245,433.
	47 a	Accounts receivable	47a 1,753,839.		
	b	Less allowance for doubtful accounts	47b 75,536.	1,434,963.	47c 1,678,303.
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b		48c
	49	Grants receivable	270,923.	49	170,174.
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	71,101.	53	92,000.
	54 a	Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b	Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a	Investments - land, buildings, and equipment basis	55a			
b	Less accumulated depreciation	55b		55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment, basis	57a 2,797,118.			
b	Less: accumulated depreciation STMT 6	57b 1,713,930.	1,107,143.	57c 1,083,188.	
58	Other assets, including program-related investments (describe ▶ OTHER ASSETS)		119,340.	58 56,964.	
59	Total assets (must equal line 74) Add lines 45 through 58		3,179,838.	59 3,360,613.	
Liabilities	60	Accounts payable and accrued expenses	1,072,728.	60	1,076,390.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable STMT 7 STMT 8		930,396.	64b 940,412.
	65	Other liabilities (describe ▶)			65
66	Total liabilities. Add lines 60 through 65		2,003,124.	66 2,016,802.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	910,440.	67	1,174,677.
	68	Temporarily restricted	266,274.	68	169,134.
	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 and column (B) must equal line 21)		1,176,714.	73 1,343,811.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		3,179,838.	74 3,360,613.	

Part VI Other Information (continued)		Yes	No
82 a	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	X
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	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
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	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations 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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	90a	MO
b	Number of employees employed in the pay period that includes March 12, 2006	90b	371
91 a	The books are in care of M. JOSEPH RIZZO Telephone no. 314.432.6200 Located at 1101 OLIVETTE EXECUTIVE PARKWAY, ST. LOUIS, MO ZIP + 4 63132		
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	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		N/A

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ N/A

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

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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a TRAINING SERVICES					709,739.
b FAMILY SUPPORT SERVICES					537,187.
c OUTREACH SERVICES					1,964,231.
d RESIDENTIAL SERVICES					7,146,885.
e ADULT DAY SERVICES					1,485,022.
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	4,395.	
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			18	<652.>	
101 Net income or (loss) from special events			01	<35,314.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			01	9,386.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<22,185.>	11,843,064.
105 Total (add line 104, columns (B), (D), and (E))					▶ 11,820,879.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 10

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
N/A	%			
	%			
	%			
	%			

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

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

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

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

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

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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: *M. J. Rizzo* Date: 2-14-08

Type or print name and title: M. J. RIZZO, V.P. FINANCE

Paid Preparer's Use Only

Preparer's signature: *Donald J. Hall* Date: Feb 14, 2008

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: BROWN SMITH WALLACE, L.L.C. 1050 N. LINDBERGH BLVD. ST. LOUIS, MO 63132-2912

EIN: Phone no.: 314.983.1200

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2006

Name of the organization JUDEVINE CENTER FOR AUTISM	Employer identification number 43 0979927
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LAURA PERKINS 1101 OLIVETTE EXECUTIVE PARKWAY, ST.	DEPUTY DIR ADMISSION 40.00	54,000.	4,579.	
JULIE ROSCOE 1101 OLIVETTE EXECUTIVE PARKWAY, ST.	DEPUTY DIR FAM SRVC 44.00	57,217.	1,281.	
TYRONE BATES 1101 OLIVETTE EXECUTIVE PARKWAY, ST.	BEHAVIOR INSTRUCTOR 101.00	64,229.	915.	
KELLY MCCOMBS 1101 OLIVETTE EXECUTIVE PARKWAY, ST.	DEPUTY DIR RES SRVC 40.00	50,727.	2,867.	
BEVERLY WALKER 1101 OLIVETTE EXECUTIVE PARKWAY, ST.	OVERNIGHT SUPERVISOR 95.00	64,816.	74.	
Total number of other employees paid over \$50,000 ▶	0			

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

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

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

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

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

		Yes	No
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.	1	X
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? SEE STATEMENT 11	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
	b Did the organization make any taxable distributions under section 4966? N/A	4b	
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
	d Enter the total number of donor advised funds owned at the end of the tax year ► N/A		
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► N/A		
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0.		
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ► 0.		

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	528,511.	466,906.	1,696,238.	214,950.	2,906,605.
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	10394486.	9,634,904.	9,835,018.	10449542.	40,313,950.
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	3,503.	7,073.	1,568.	1,047.	13,191.
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		17,890.	50,185.	51,198.	119,273.
23 Total of lines 15 through 22	10926500.	10126773.	11583009.	10716737.	43,353,019.
24 Line 23 minus line 17	532,014.	491,869.	1,747,991.	267,195.	3,039,069.
25 Enter 1% of line 23	109,265.	101,268.	115,830.	107,167.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 60,781.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,039,069.
d Add: Amounts from column (e) for lines: 18 13,191. 19 _____ 22 119,273. 26b _____					26d 132,464.
e Public support (line 26c minus line 26d total)					26e 2,906,605.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.6413%
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: N/A					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) (2004) (2003) (2002)					
c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)				27f N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(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.)		

34 a	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 10 of the instructions.)

N/A

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

Check a if the organization belongs to an affiliated group.

Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

Yes	No	Amount
		0.

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

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
1999 FORD ESCORT			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	400.	13,311.	0.	13,311.	400.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2000 FORD FOCUS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,800.	16,531.	0.	16,531.	1,800.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2000 DODGE GRAND CARAVAN			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,000.	18,572.	0.	18,572.	1,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2000 FORD WINDSTAR			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	925.	16,072.	0.	16,072.	925.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2001 DODGE GRAND CARAVAN			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	750.	18,572.	0.	18,572.	750.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2000 FORD WINDSTAR			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	350.	18,072.	0.	16,265.	<1,457.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2001 CHEVY VENTURE			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	750.	17,321.	0.	15,820.	<751.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2002 DODGE GRAND CARAVAN			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,000.	20,898.	0.	16,579.	<3,319.>
TO FM 990, PART I, LN 8	6,975.	139,349.	0.	131,722.	<652.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FESTIVAL OF TREES GOLF TOURNAMENT BENEFICIARY	166,487.	144,857.	21,630.	56,944.	<35,314.>
	17,200.	17,200.			0.
TO FM 990, PART I, LINE 9	183,687.	162,057.	21,630.	56,944.	<35,314.>

FORM 990	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTSIDE SERVICES	296,004.	37,302.	150,250.	108,452.
INSURANCE	65,670.	48,566.	16,601.	503.
ADVERTISING	48,410.	3,901.	44,509.	
MISCELLANEOUS	121,882.	19,975.	98,563.	3,344.
DUES & SUBSCRIPTIONS	10,150.	367.	8,915.	868.
FOOD & BEVERAGES	74,932.	74,928.	4.	
JANITORIAL SUPPLIES	47,654.	47,574.	80.	
OFFICE SUPPLIES	76,980.	39,023.	32,439.	5,518.
PROGRAM SUPPLIES	64,315.	53,968.	10,263.	84.
REPAIRS & MAINTENANCE	70,371.	68,116.	2,255.	
TAXES & LICENSES	87.	87.		
TRAINING	38,587.	33,312.	3,490.	1,785.
TOTAL TO FM 990, LN 43	915,042.	427,119.	367,369.	120,554.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO MAKE A REAL DIFFERENCE IN THE QUALITY OF LIFE FOR CHILDREN AND ADULTS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES WHEREVER THEY MAY LIVE.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT 5
DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
FAMILY SUPPORT SERVICES PROVIDE INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES IN-HOME BEHAVIOR TRAINING, CONSULTATIONS, PARENT AND SIBLING SUPPORT GROUPS, NATURAL WORKSHOPS, AND TRIAGE SERVICES.		0. 527,370.
TOTAL TO FORM 990, PART III, LINE E		527,370.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VEHICLES	269,658.	220,918.	48,740.
FURNITURE & OFFICE EQUIPMENT	292,833.	282,993.	9,840.
HOME FURNISHINGS	214,910.	213,401.	1,509.
TECH/PROG EQUIPMENT	185,480.	183,117.	2,363.
COMPUTER & SOFTWARE EQUIPMENT	283,032.	221,766.	61,266.
BUILDING	1,123,627.	458,282.	665,345.
LAND	86,552.	0.	86,552.
BUILDING IMPROVEMENTS	204,584.	61,204.	143,380.
LEASEHOLD IMPROVEMENTS	136,442.	72,249.	64,193.
TOTAL TO FORM 990, PART IV, LN 57	2,797,118.	1,713,930.	1,083,188.

FORM 990 MORTGAGES PAYABLE STATEMENT 7

DESCRIPTION	BALANCE DUE
PRODUCTIVE LIVING BOARD	59,373.
PRODUCTIVE LIVING BOARD	54,644.
PRODUCTIVE LIVING BOARD	54,450.
US BANK	135,747.
US BANK	64,460.
US BANK	51,738.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	420,412.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 8

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
NATIONAL CITY BANK	ON DEMAND

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		900,000.	8.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
RECEIVABLES	

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	520,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	520,000.
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FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 9
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REBECCA BLACKWELL 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	EXECUTIVE DIRECTOR 40.00	110,775.	2,515.	7,200.
M. JOSEPH RIZZO 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	CHIEF OPERATING OFFICER 40.00	105,501.	1,626.	0.
JEANNE MARSHALL 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	CHIEF PROGRAM OFFICER 40.00	84,694.	3,834.	0.
PATRICIA SOEHLKE 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	CHIEF FINANCIAL OFFICER 40.00	24,924.	279.	0.
LINDA HALEY 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	CHIEF DEVELOPMENT OFFICER 40.00	102,503.	2,509.	0.
JEFFERY A. MENTEL, J.D. 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	BOARD CHAIR 5.00	0.	0.	0.
DAVID A. PELLEY, PH.D. 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	BOARD VICE CHAIR 3.00	0.	0.	0.
ANNE M. KONOLD, ESQ. 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	SECRETARY 3.00	0.	0.	0.
J. DENIS CATALANO, MD, PH.D. 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 1.00	0.	0.	0.
JERRY COMBS 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 4.00	0.	0.	0.
DOUGLAS C. HUFF 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 1.00	0.	0.	0.

JUDEVINE CENTER FOR AUTISM

43-0979927

JUDY KENT 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 4.00	0.	0.	0.
JANET L. NEMEC, PH.D. 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 1.00	0.	0.	0.
MARK SCHAEFFER 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 4.00	0.	0.	0.
MICHAEL G. VRANICH, D.O. 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 3.00	0.	0.	0.
LOUIS WRAY 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 4.00	0.	0.	0.
LORI PUTNAM 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 4.00	0.	0.	0.
GARY C. SWEETEN 1101 OLIVETTE EXECUTIVE PARKWAY ST. LOUIS, MO 63132	DIRECTOR 3.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		428,397.	10,763.	7,200.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FUNDS RECEIVED IN EXCHANGE FOR TRAINING SERVICES PROVIDED TO PARENTS OF CHILDREN WITH AUTISM TO HELP UNDERSTAND THEM AND THE NATURE OF THEIR DISABILITY.
93B	FUNDS RECEIVED IN EXCHANGE FOR SUPPORT PROGRAMS THAT RESPOND TO THE UNIQUE NEEDS OF EACH FAMILY COPING WITH AUTISM.
93C	FUNDS RECEIVED IN EXCHANGE FOR SERVICES PROVIDED TO FAMILIES IN OUT-STATE MISSOURI AND RURAL AREAS WHO MAY BE UNABLE TO ACCESS FACILITY-BASED SERVICES.
93D	FUNDS RECEIVED IN EXCHANGE FOR HOMES WITH AROUND-THE-CLOCK SUPPORT PROVIDED TO CHILDREN AND ADULTS WITH AUTISM.
93E	FUNDS RECEIVED IN EXCHANGE FOR PROGRAMS THAT HELP ADULTS WITH AUTISM FULFILL THEIR POTENTIAL AND BETTER ENJOY THEIR DAILY LIVES.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2A

STATEMENT 11

THE CENTER RENTS TWO RESIDENTIAL HOMES FOR SUPPORTIVE LIVING ARRANGEMENTS FROM BOARD MEMBERS. THE FIRST IS RENTED FOR \$600 PER MONTH FOR A TOTAL OF \$7,200 IN EACH OF THE THE YEARS ENDED JUNE 30, 2007 AND 2006. THE SECOND IS RENTED FOR \$700 PER MONTH FOR A TOTAL OF \$8,400 IN EACH OF THE YEARS ENDED JUNE 30, 2007 AND 2006.

IN 1997 THE CENTER ENTERED INTO AN AGREEMENT TO OBTAIN THE RIGHTS TO TRAINING MATERIALS OWNED AND CREATED BY THE FOUNDER AND FORMER PRESIDENT. THE TERMS OF THE LICENSING AGREEMENT ARE FOR A BASE AMOUNT OF \$4,000 PER MONTH WITH YEARLY COST OF LIVING ADJUSTMENTS. THE AGREEMENT IS SUBJECT TO RENEWAL EVERY YEAR. AMOUNTS PAID IN LICENSURE WERE \$58,401 AND \$58,625 FOR THE YEARS ENDED JUNE 30, 2007 AND 2006, RESPECTIVELY.

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER INCOME	0.	17,890.	50,185.	51,198.
TOTAL TO SCHEDULE A, LINE 22	0.	17,890.	50,185.	51,198.