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Form **990**Department of the Treasury
Internal Revenue Service**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

2007Open to Public
Inspection

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

A For the 2007 calendar year, or tax year beginning

and ending

B Check if
applicable.

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ation
- ☒ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization
**THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.****D** Employer identification number

04-3543134

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

E Telephone number**C/O D.R. BLOUIN, CPA, P.O. BOX 600157**

781-893-1670

City or town, state or country, and ZIP + 4

NEWTONVILLE, MA 02460**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 ▶ **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 or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.DOUGFLUTIEJRFOUNDATION.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 returnGross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,155,640.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received.				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	819,645.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 592,360. noncash \$ 227,285.)	1e	819,645.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	43,037.		
	5	Dividends and interest from securities	5	41,023.		
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe ▶)	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
			1,747,509.	8a		
	b	Less: cost or other basis and sales expenses	1,517,081.	8b		
	c	Gain or (loss) (attach schedule)	230,428.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	8d	230,428.	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 210,122. of contributions reported on line 1b)	9a	501,707.		
	b	Less: direct expenses other than fundraising expenses	9b	361,828.		
	c	Net income or (loss) from special events Subtract line 9b from line 9a	SEE STATEMENT 2	9c	139,879.	
	10a	Gross sales of inventory, less returns and allowances	10a	1,224.		
	b	Less: cost of goods sold	STATEMENT 4	10b	1,224.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	STMT 3	10c		
Net Assets	11	Other revenue (from Part VII, line 103)	11	1,495.		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,275,507.		
	13	Program services (from line 44, column (B))	13	651,789.		
	14	Management and general (from line 44, column (C))	14	160,189.		
	15	Fundraising (from line 44, column (D))	15	83,638.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17	895,616.		
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	379,891.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,373,379.		
	20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 5	20	-112,303.	
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	2,640,967.		

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12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

**THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.**

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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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
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>556,764</u> noncash \$ <u>25,700</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 582,464.	582,464.	STATEMENT 7 STATEMENT 8	
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 49,342.	29,605.	7,401.	12,336.
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	26 114,169.	30,111.	43,851.	40,207.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 5,466.		5,466.	
29 Payroll taxes	29 14,904.	6,131.	3,379.	5,394.
30 Professional fundraising fees	30			
31 Accounting fees	31 27,240.		27,240.	
32 Legal fees	32 1,121.		1,121.	
33 Supplies	33 29,621.	2,605.	2,801.	24,215.
34 Telephone	34 3,274.		3,274.	
35 Postage and shipping	35 5,007.	873.	2,648.	1,486.
36 Occupancy	36 8,254.		8,254.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 1,644.		1,644.	
39 Travel	39 1,299.		1,299.	
40 Conferences, conventions, and meetings	40 325.		325.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 411.		411.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 6	43g 51,075.		51,075.	
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 895,616.	651,789.	160,189.	83,638.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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Part III	Statement of Program Service Accomplishments <i>(See the instructions.)</i>
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What is the organization's primary exempt purpose? ►

Program Service Expenses
(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts; but optional for others)

a THE FOUNDATION AIDS FINANCIALLY DISADVANTAGED FAMILIES WHO NEED ASSISTANCE IN CARING FOR THEIR CHILDREN WITH AUTISM; FUNDS EDUCATION AND RESEARCH INTO THE CAUSES & CONSEQUENCES OF CHILDHOOD AUTISM; AND SERVES AS A CLEARINGHOUSE & COMMUNICATIONS CENTER FOR NEW PROGRAMS & SERVICES DEVELOPED FOR INDIVIDUALS WITH AUTISM

651,789.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

651,789.

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**THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.**

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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		45	
	46 Savings and temporary cash investments	568,033.	46	293,641.
	47 a Accounts receivable	12,591.		
	b Less: allowance for doubtful accounts		7,802.	12,591.
	48 a Pledges receivable	61,860.		
	b Less: allowance for doubtful accounts		30,161.	61,860.
	49 Grants receivable		49	
	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	
	52 Inventories for sale or use	35,617.	52	32,115.
	53 Prepaid expenses and deferred charges	2,458.	53	794.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,122,226.	54a	2,689,723.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis STMT 9				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	10,982.			
b Less: accumulated depreciation STMT 11	10,917.	476.	57c	65.
58 Other assets, including program-related investments (describe INTANGIBLES)	390.	58	347.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,767,163.	59	3,091,136.	
Liabilities	60 Accounts payable and accrued expenses	2,464.	60	3,146.
	61 Grants payable	357,420.	61	401,185.
	62 Deferred revenue	33,900.	62	45,838.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
	66 Total liabilities. Add lines 60 through 65	393,784.	66	450,169.
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	2,373,379.	67	2,640,967.
	68 Temporarily restricted		68	
	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)	2,373,379.	73	2,640,967.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,767,163.	74	3,091,136.	

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a Total revenue, gains, and other support per audited financial statements		a	1,540,709.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	-112,303.	
2 Donated services and use of facilities	b2	14,453.	
3 Recoveries of prior year grants	b3		
4 Other (specify): <u>SEE STATEMENT 12</u>	b4	363,052.	
Add lines b1 through b4		b	265,202.
c Subtract line b from line a		c	1,275,507.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	1,275,507.

a Total expenses and losses per audited financial statements		a	1,273,121.
Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1	14,453.	
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): <u>SEE STATEMENT 13</u>	b4	363,052.	
Add lines b1 through b4		b	377,505.
c Subtract line b from line a		c	895,616.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17). Add lines c and d		e	895,616.

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 14 -----		49,342.	0.	0.
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**THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.**

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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	14,453.
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 <i>quid pro quo</i> 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 a	501(c)(4), (5), or (6). 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?	85b	N/A
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.			
	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 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
	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 <u>0.</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
	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 <u>MA</u>	90b	4
	b Number of employees employed in the pay period that includes March 12, 2007		
91 a	The books are in care of <u>DAVID R. BLOUIN, CPA</u> Telephone no <u>781-893-1670</u> Located at <u>51 SAWYER ROAD, SUITE 310, WALTHAM, MA</u> ZIP + 4 <u>02453</u>		
	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 <u>N/A</u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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**THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.**

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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					
b					
c					
d					
e					
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	43,037.	
96 Dividends and interest from securities			14	41,023.	
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	230,428.	
101 Net income or (loss) from special events			01	139,879.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTIES			15	1,495.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		455,862.	0.
105 Total (add line 104, columns (B), (D), and (E))					455,862.

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)
▼	

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).

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THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.

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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.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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?

Yes No

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 David R. Blouin Date 6/18/10

Type or print name and title: David R. Blouin, Treasurer

Paid Preparer's Use Only: Preparer's signature Batini J. ... CPA Date 12-16-09 Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) EIN

Firm's name (or yours if self-employed), address, and ZIP + 4: PARENT, MCLAUGHLIN & NANGLE
160 FEDERAL STREET, 6TH FL.
BOSTON, MA 02110

Phone no 617-426-9440

Form 990 (2007)

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

2007

Name of the organization **THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.**

Employer identification number
04 3543134

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 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	

THE DOUG FLUTIE JR. FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 FOR AUTISM, INC.

04-3543134 Page 2

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 ▶ \$ <u>4,613.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B	1 X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	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)?	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?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year	0	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	0.	
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.	

Schedule A (Form 990 or 990-EZ) 2007

THE DOUG FLUTIE JR. FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 FOR AUTISM, INC.

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Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 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 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

THE DOUG FLUTIE JR. FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 **FOR AUTISM, INC.**

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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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	672,988.	575,523.	811,205.	621,825.	2,681,541.
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	376,166.	512,565.	472,834.	421,031.	1,782,596.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	63,552.	62,913.	61,098.	31,615.	219,178.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,112,706.	1,151,001.	1,345,137.	1,074,471.	4,683,315.
24 Line 23 minus line 17	736,540.	638,436.	872,303.	653,440.	2,900,719.
25 Enter 1% of line 23	11,127.	11,510.	13,451.	10,745.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					58,014.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					430,125.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					2,900,719.
d Add: Amounts from column (e) for lines: 18 <u>219,178.</u> 19 _____					
22 _____ 26b <u>430,125.</u>					
e Public support (line 26c minus line 26d total)					2,251,416.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					77.6158%
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					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
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					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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

THE DOUG FLUTIE JR. FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 **FOR AUTISM, INC.**

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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?	29	
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?	30	
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.)	31	
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2007

THE DOUG FLUTIE JR. FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 FOR AUTISM, INC.

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

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

Check ☐ a ☐ if the organization belongs to an affiliated groupCheck ☐ 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	0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	4,613.
38 Total lobbying expenditures (add lines 36 and 37)	38	4,613.
39 Other exempt purpose expenditures	39	808,589.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	813,202.
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	146,980.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	36,745.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	146,980.	132,104.	133,365.	134,398.	546,847.
46 Lobbying ceiling amount (150% of line 45(e))					820,271.
47 Total lobbying expenditures	4,613.	4,139.	5,988.	5,804.	20,544.
48 Grassroots nontaxable amount	36,745.	33,026.	33,341.	33,600.	136,712.
49 Grassroots ceiling amount (150% of line 48(e))					205,068.
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 14 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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

b. If "Yes," complete the following schedule

N/A

[illegible]

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization THE DOUG FLUTIE JR. FOUNDATION FOR AUTISM, INC.	Employer identification number 04-3543134
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O D.R. BLOUIN, CPA, P.O. BOX 600157	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTONVILLE, MA 02460	

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

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

- The books are in the care of ► **DAVID R. BLOUIN, CPA**
Telephone No. ► **781-893-1670** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008** to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- ☒ calendar year **2007** or
► ☐ tax year beginning _____, and ending _____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 3-2008)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print	Name of Exempt Organization THE DOUG FLUTIE JR. FOUNDATION FOR AUTISM, INC.
File by the extended due date for filing the return. See instructions.	Employer identification number 04-3543134
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O D.R. BLOUIN, CPA, P.O. BOX 600157
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTONVILLE, MA 02460

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **DAVID R. BLOUIN, CPA**
 Telephone No. **781-893-1670** FAX No. _____
 • If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**.
 5 For calendar year **2007**, or other tax year beginning _____, and ending _____.
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO ACCUMULATE DATA TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature **David R. Blouin CPA** Title **CPA** Date **7-31-08**
 Form 8868 (Rev. 4-2008)

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	1,747,509.	1,517,081.	0.	230,428.
TO FORM 990, PART I, LINE 8	1,747,509.	1,517,081.	0.	230,428.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **2**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GOLF TOURNAMENT	359,480.	126,587.	232,893.	236,708.	-3,815.
BASKETBALL TOURNAMENT	209,095.	14,935.	194,160.	47,719.	146,441.
FLUTIE BOWL	143,254.	68,600.	74,654.	77,401.	-2,747.
TO FM 990, PART I, LINE 9	711,829.	210,122.	501,707.	361,828.	139,879.

AMOUNTS RAISED FROM FUNDRAISING EVENTS:

DESCRIPTION OF EVENT	GROSS RECEIPTS	DIRECT EXPENSES	EVENT INCOME
GOLF TOURNAMENT	\$359,480	\$236,708	\$122,772
BASKETBALL TOURNAMENT	209,095	47,719	161,376
FLUTIE BOWL	143,254	77,401	65,853
TOTAL	<u>\$711,829</u>	<u>\$361,828</u>	<u>\$350,001</u>

RECONCILIATION OF FUNDRAISING EVENT INCOME TO FORM 990 LINE 9c:

DESCRIPTION OF EVENT	EVENT INCOME	AMOUNTS REPRESENTING CONTRIBUTIONS*	AMOUNT ON FORM 990 LINE 9c
GOLF TOURNAMENT	\$122,772	\$126,587	(\$3,815)
BASKETBALL TOURNAMENT	161,376	14,935	146,441
FLUTIE BOWL	65,853	68,600	(2,747)
TOTAL	<u>\$350,001</u>	<u>\$210,122</u>	<u>\$139,879</u>

(* IRS requires that donations made by participants in excess of fair market value must be reported as contributions on line 1a, Part I of the Form 990, and accordingly are not included in net income on line 9c, Part I)

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	1,224	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,224
4. COST OF GOODS SOLD (LINE 13)	1,224	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	35,617	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	-2,278	
11. ADD LINES 6 THROUGH 10		33,339
12. INVENTORY AT END OF YEAR	32,115	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		1,224

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	4
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DESCRIPTION	AMOUNT
ITEMS WITHDRAWN FOR PROGRAM USE	-2,278.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	-2,278.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-112,303.
TOTAL TO FORM 990, PART I, LINE 20	-112,303.

FORM 990	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	4,094.		4,094.	
OUTSIDE SERVICES	31,350.		31,350.	
WEBSITE	2,302.		2,302.	
BANK CHARGES	5,853.		5,853.	
MISCELLANEOUS	5,111.		5,111.	
AMORTIZATION	43.		43.	
401K ADMINISTRATION FEES	2,322.		2,322.	
TOTAL TO FM 990, LN 43	51,075.		51,075.	

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 7
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESSAMOUNT

SEE ATTACHED
SEE ATTACHED

556,764.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

556,764.

FORM 990

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 8

CLASS OF ACTIVITY: SEE ATTACHED

DONEE'S NAME AND ADDRESS

SEE ATTACHED

RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
NONE	COMPUTERS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

FMV

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
COMPARABLE SALES	0.	25,700.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

25,700.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		600,594.		600,594.
CORPORATE STOCKS	FMV	1,836,003.			1,836,003.
TO FORM 990, LINE 54A, COL B		1,836,003.	600,594.		2,436,597.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 10
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY & AGENCY BONDS	FMV	253,126.		253,126.
TOTAL TO FORM 990, LINE 54A, COL B		253,126.		253,126.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 11
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	4,830.	4,789.	41.
FURNITURE AND FIXTURES	6,152.	6,128.	24.
TOTAL TO FORM 990, PART IV, LN 57	10,982.	10,917.	65.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	1,224.
SPECIAL EVENTS EXPENSE	361,828.
TOTAL TO FORM 990, PART IV-A	363,052.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	1,224.
SPECIAL EVENTS EXPENSE	361,828.
TOTAL TO FORM 990, PART IV-B	363,052.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 14
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
DOUGLAS FLUTIE 615 CONCORD STREET FRAMINGHAM, MA 01702	PRESIDENT / DIRECTOR 1.00	0.	0. 0.
LAURIE FLUTIE 615 CONCORD STREET FRAMINGHAM, MA 01702	VICE PRESIDENT / DIRECTOR 1.00	0.	0. 0.
DAVID BLOUIN 4 WILDWOOD AVENUE NEWTON, MA 02460	TREASURER 1.00	0.	0. 0.
THOMAS R. BURTON III 615 CONCORD STREET FRAMINGHAM, MA 01702	CLERK / DIRECTOR 1.00	0.	0. 0.
STEPHEN BRACKETT 950 WINTER ST SUITE 1400 WALTHAM, MA 02451	DIRECTOR 1.00	0.	0. 0.
KEVIN KELLER 100 TUCK HALL HANOVER, NH 03755	DIRECTOR 1.00	0.	0. 0.
JEFFREY CAMMUSO 83 DARNELL ROAD WORCESTER, MA 01606	DIRECTOR 1.00	0.	0. 0.
ROBERT FORLENZA 50 ROWES WHARF, 6TH FLOOR BOSTON, MA 02110	DIRECTOR 1.00	0.	0. 0.
MICHAEL SHUNNEY ONE SUN LIFE EXECUTIVE PARK WELLESLEY, MA 02481	DIRECTOR 1.00	0.	0. 0.
DONNA LUCENTE 800 SOUTH STREET SUITE 305 WALTHAM, MA 02453	DIRECTOR 1.00	0.	0. 0.
LISA A BORGES 615 CONCORD STREET FRAMINGHAM, MA 01702	EXECUTIVE DIRECTOR 40.00	49,342.	0. 0.

THE DOUG FLUTIE JR. FOUNDATION FOR AUTIS

04-3543134

MICHAEL MARTINI	DIRECTOR			
615 CONCORD STREET	1.00	0.	0.	0.
FRAMINGHAM, MA 01702				
CAROLYN MACEDO	DIRECTOR			
615 CONCORD STREET	1.00	0.	0.	0.
FRAMINGHAM, MA 01702				
JAMES STAHL	DIRECTOR			
615 CONCORD STREET	1.00	0.	0.	0.
FRAMINGHAM, MA 01702				
JOHN BURNS	DIRECTOR			
615 CONCORD STREET	1.00	0.	0.	0.
FRAMINGHAM, MA 01702				
SHAMEZ KANJI	DIRECTOR			
TEN POST OFFICE SQUARE, 11TH FLOOR	1.00	0.	0.	0.
BOSTON, MA 02109				

TOTALS INCLUDED ON FORM 990, PART V-A

49,342.	0.	0.
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FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 15

INDIVIDUAL'S NAMETITLE OR ROLE

DOUGLAS FLUTIE

PRESIDENT / DIRECTOR

INDIVIDUAL'S NAMETITLE OR ROLE

LAURIE FLUTIE

VICE PRESIDENT / DIRECTOR

EXPLANATION OF RELATIONSHIP

SPOUSES

INDIVIDUAL'S NAMETITLE OR ROLE

SEE STATEMENT 16

INDIVIDUAL'S NAMETITLE OR ROLEEXPLANATION OF RELATIONSHIP

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	16
	PART III, LINE 2C		

FOUNDATION PAID \$18,000 TO A CPA FIRM OWNED BY DAVID R. BLOUIN, THE TREASURER OF THE FOUNDATION, FOR FINANCIAL MANAGEMENT AND ACCOUNTING SERVICES.

FOUNDATION PAID \$15,000 TO A CONSULTING FIRM OWNED BY KRISTEN KULIGA, THE FORMER SECRETARY/CLERK OF THE FOUNDATION, FOR MARKETING AND FUNDRAISING CONSULTING SERVICES.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 17

SEE PART V-A, FORM 990

2007

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Line 26b

The Doug Flutie, Jr. Foundation for Autism, Inc.
04-3543134

Form 990 (2007) Schedule Attachments
Part II, Line 22b, Cash Grants and Allocations

Schedule of Grant Recipients				
Grant Recipient	Activity Classification	Amount of Gift	Date of Gift	
Asperger's Association of New England 182 Main Street Watertown, MA 02472	Services	\$ 10,000.00	12/14/2007	
Autism Alliance Metrowest PO Box 2118 Natick, MA 01780	Services	20,000.00	12/14/2007	
Autism Society of Connecticut PO Box 1404 Guilford, CT 06437	Services	10,000.00	12/14/2007	
Autism Research 2000 N 14th St., Suite 480 Arlington, VA 22201	Services	10,000.00	12/14/2007	
The ARC of East Middlesex 20 Gould Street Reading, MA 01867	Scholarships	16,819.00	12/14/2007	
Community Resources for People w/Autism One Carando Drive, Suite 2 Springfield, MA 01104-3211	Services	19,980.00	12/14/2007	
Bellingham Public Schools 80 Harpin Street Bellingham, MA 02019	Educational Services	20,000.00	12/14/2007	
The Birchtree Center 33 Jewell Court, Suite 2 Portsmouth, NH 03801	Services	10,000.00	12/14/2007	
Durand Academy & Community Services 111 Gaiher Dr., Suite 101 Mt Laurel, NJ 08077	Educational Services	19,988.00	12/14/2007	

The Doug Flutie, Jr. Foundation for Autism, Inc.
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Form 990 (2007) Schedule Attachments
Part II, Line 22b, Cash Grants and Allocations

Schedule of Grant Recipients

Grant Recipient	Activity - Classification	Amount of Gift	Date of Gift
Brockton Area ARC 1250 West Chesnut St Brockton, MA 02031	Services	11,280.00	12/14/2007
Garden State Discovery Museum's Center for Learning 2040 Springdale Road Cherry Hill, NJ 08003	Educational Services	18,950.00	12/14/2007
Central New York Chapter of the Autism Society of America PMB 252-4465 East Genesee St DeWitt, NY 13214	Educational Services	20,000.00	12/14/2007
Jowonto School 3049 East Genesee St Syracuse, NY 13224	Services	16,000.00	12/14/2007
Children's Museum of Maine PO Box 4041 Portland, ME 04101	Services	5,000.00	12/14/2007
Common Ground Center 473 Talro Road Starksboro, VT 05487	Services	15,189.00	12/14/2007
Jennifer Ashleigh Foundation RR#1 Uxbridge, Ontario Canada L9P1R1	Services	10,000.00	12/14/2007
Friend 2 Friend Social Learning Society 598 Blairidge Ave North Vancouver, British Columbia Canada V7R 2J2	Scholarships	12,000.00	12/14/2007

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Form 990 (2007) Schedule Attachments
Part II, Line 22b, Cash Grants and Allocations

Schedule of Grant Recipients

Grant Recipient	Activity Classification	Amount of Gift	Date of Gift
Greater Marlborough Programs, Inc. Frank D. Walker Bldg. 225 Main Street, Suite 212 Marlborough, MA 01752	Services	17,600.00	12/14/2007
North Shore ARC/Autism Support Center 8 Southside Road Danvers, MA 01923	Services	18,340.00	12/14/2007
National Autism Association 1330 W. Schatz Lane Nixa, MO 65714	Research	10,000.00	12/14/2007
Herkimer Area Resource Center 350 S. Washington St Herkimer, NY 13350	Educational Services	2,028.00	12/14/2007
University of California Riverside Graduate School of Education 1207 Sproul Hall Riverside, CA 92521	Scholarships	10,000.00	12/14/2007
Kerry's Place Autism Services 34 Berczy St., Suite 190 Aurora, Ontario Canada L4G 1W9	Services	10,000.00	12/14/2007
LUK Crisis Center, Inc. 645 Westminster Street Fitchburg, MA 01420	Educational Services	10,000.00	12/14/2007
Meeting Street 1000 Eddy St Providence, RI 02905	Educational Services	18,980.00	12/14/2007

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Form 990 (2007) Schedule Attachments
Part II. Line 22b, Cash Grants and Allocations

Schedule of Grant Recipients		Grant Recipient	Activity Classification	Amount of Gift	Date of Gift
		MetroWest Jewish Day School 29 Upper Joclyn Ave Framingham, MA 01701	Educational Services	475 00	12/14/2007
		National Autism Center 41 Pacella Park Drive Randolph, MA 02368	Services	10,000.00	12/14/2007
		Northeast Hearing & Speech Center, Inc. 43 Baxter Blvd Portland, ME 04101	Educational Services	7,560 00	12/14/2007
		Pomona Valley Workshop 4650 Brooks St Montclair, CA 91763	Educational Services	10,000.00	12/14/2007
		Snack & Friends 220 East 86th Street New York, NY 10028	Services	10,000 00	12/14/2007
		Vista Del Mar Child & Family Services 3200 Motor Ave Los Angeles, CA 90034	Educational Services	20,000 00	12/14/2007
		MGH-Ladders Mass General Hospital 100 Charles River Plaza, Suite 800 Boston, MA 02114-2792	Medical Services	86,129 00	10/18/2007
		The Arc of Massachusetts 217 South Street Waltham, MA 02453	Services	500 00	10/18/2007
		Access Sport America 118 High Street Acton, MA 01720	Sponsorships	25,000 00	Various

The Doug Flutie, Jr. Foundation for Autism, Inc.
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Form 990 (2007) Schedule Attachments
Part II, Line 22b, Cash Grants and Allocations

Schedule of Grant Recipients

Grant Recipient	Activity Classification	Amount of Gift	Date of Gift
Children Making Strides 160 Macarthur Blvd Suite 6 Bourne, Ma 02532	Educational Services	19,455.00	Various
Misc Awareness		24,485.00	Various
		<u>\$ 556,764.00</u>	

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Form 990 (2007) Schedule Attachments
Part II, Line 22b, Noncash Grants and Allocations

Grant Recipient	Activity Classification	Amount of Gift	Date of Gift
Billerica Public Schools 35 River Street Billerica, MA 01821	Educational	\$2,520.00	12/14/2007
Boston Public Schools 40 School Street Boston, MA 02124	Educational	504.00	12/14/2007
Dorchester Public Schools 155 Talbot Avenue Dorchester, MA 02124	Educational	2,520.00	12/14/07
Farmsteads of New England 213 Center Street Hillsborough, NH 03244	Educational	1,008.00	12/14/2007
Gloucester Public Schools 6 School House Road Gloucester, MA 01930	Educational	2,016.00	12/14/2007
Nipmuc Regional High School 80 Pleasant Street Upton, MA 01588	Educational	1,512.00	12/14/2007
The Sunderland Center 108 N Main Street Sunderland, MA 01375	Educational	1,008.00	12/14/2007
North Shore ARC 6 Southside Road Danvers, MA 01923	Educational	1,008.00	12/14/2007
MSSM 95 High Street Limestone, ME 04750	Educational	1,512.00	12/14/2007
Methuen Public Schools 38 Boylston Street Methuen, MA 01844	Educational	1,512.00	12/14/07

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Form 990 (2007) Schedule Attachments
Part II, Line 22b. Noncash Grants and Allocations

Grant Recipient	Activity Classification	Amount of Gift	Date of Gift
North Andover Public Schools 2 Cypress Terrace North Andover, MA 01845	Educational	503 00	12/14/07
Page Hilltop School 117 Washington Street Ayer, MA 01432	Educational	1,512 00	12/14/2007
Ludlow Public Schools 54 Windsor Street Ludlow, MA 01056	Educational	2,016 00	12/14/07
Ashland Public Schools 75 Central Street Ashland, MA 01721	Educational	1,008 00	12/14/07
DMR-NCAO 435 Main Street Fitchburg, MA 01420	Educational	503 00	12/14/07
Whitman Hansen Regional 610 Franklin Street Whitman, MA 02382	Educational	2,520 00	12/14/07
ARC of Bergen & Passic Counties 223 Moore Street Hackensack, NJ 07601	Educational	503 00	12/14/07
R.I.S.E.N. 50 Sacred Heart Drive Groton, CT 06340	Educational	1,512 00	12/14/2007
NECC 33 Turnpike Road Southborough, MA 01772	Educational	503 00	12/14/2007
		<u>\$25,700 00</u>	

THE DOUG FLUTIE, JR FOUNDATION FOR AUTISM
PROPERTY PLANT AND EQUIPMENT
12/31/07

DESCRIPTION	BALANCE AT 12/31/06	ADDITIONS	DISPOSITIONS	BALANCE AT 12/31/07	DESCRIPTION	BALANCE AT 12/31/06	ADDITIONS	DISPOSITIONS	BALANCE AT 12/31/07	NEV AT 12/31/07
EQUIPMENT	4,830 00			4,830 00	ACCUMULATED DEP EQUIP	4,700 40	86 40		4,786 80	43 20
FURNITURE AND FIXTURES	6,152 00			6,152 00	ACCUMULATED DEP F&F	5,805 54	324 15		6,129 69	22 31
	<u>10,982 00</u>			<u>10,982 00</u>		<u>10,505 94</u>	<u>410 55</u>		<u>10,916 49</u>	<u>65 51</u>
				Part IV, line 57 a					Part IV, Line 57b	Part IV, Line 57c

DEPRECIATION EXPENSE

410 55
Part II, line 42