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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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE DOUG FLUTIE JR. FOUNDATION FOR AUTISM, INC.		D Employer identification number 04-3543134
		Doing Business As		E Telephone number 781-893-5100
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite C/O D.R. BLOUIN, CPA, 51 SAWYER RD. 310	G Gross receipts \$ 2,823,349.	
		City or town, state or country, and ZIP + 4 WALTHAM, MA 02453		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: DAVID R. BLOUIN, CPA SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.DOUGFLUTIEJRFOUNDATION.ORG				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation 2000 M State of legal domicile MA				

Part I Summary

1 Briefly describe the organization's mission or most significant activities: IMPROVING THE QUALITY OF LIFE FOR INDIVIDUALS WITH AUTISM AND THEIR FAMILIES	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of employees (Part V, line 2a)	5
6 Total number of volunteers (estimate if necessary)	152
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
7b Net unrelated business taxable income from Form 990-T, line 34	0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year: 819,645. Current Year: 595,353.
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 9)	314,488. -129,918.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9b, 10c, and 11e)	141,374. 218,773.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,275,507. 684,208.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	582,464. 498,855.
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	168,977. 216,530.
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 80,208.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	144,175. 131,364.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	895,616. 846,749.
19 Revenue less expenses. Subtract line 18 from line 12	379,891. -162,541.
20 Total assets (Part X, line 16)	Beginning of Year: 3,091,136. End of Year: 2,396,506.
21 Total liabilities (Part X, line 26)	450,169. 371,430.
22 Net assets or fund balances. Subtract line 21 from line 20	2,640,967. 2,025,076.

Part II Signature Block

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 information of which preparer has any knowledge.			
Sign Here	Signature of officer: <i>Laurie M Flutie</i>		Date: 6/18/10
	LAURIE FLUTIE, VICE-PRESIDENT Type or print name and title		
Paid Preparer's Use Only	Preparer's signature: <i>Peter J. Lani CPA</i>	Date: 3-4-2010	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 PARENT, MCLAUGHLIN & NANGLE 160 FEDERAL STREET, 6TH FL. BOSTON, MA 02110		Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ 617-426-9440

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE FOUNDATION SUPPORTS FINANCIALLY DISADVANTAGED FAMILIES WHO NEED ASSISTANCE IN CARING FOR THEIR CHILDREN WITH AUTISM AND SERVES AS A CLEARINGHOUSE AND COMMUNICATIONS CENTER FOR NEW PROGRAMS AND SERVICES DEVELOPED FOR INDIVIDUALS WITH AUTISM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 446,676. including grants of \$ 446,676.) (Revenue \$)
THROUGH THE FOUNDATION'S ANNUAL GRANT CYCLE, BETWEEN 25 AND 30 GRANTS ARE DISTRIBUTED TO ORGANIZATIONS THAT PROVIDE SERVICES, EDUCATION AND ADVOCACY TO INDIVIDUALS WITH AUTISM AND THEIR FAMILIES AS WELL AS TRAINING FOR PROFESSIONALS IN THE FIELD.

4b (Code:) (Expenses \$ 25,000. including grants of \$ 25,000.) (Revenue \$ 1,815.)
ACCESSSPORTAMERICA - AN ADAPTIVE WATER SPORTS PROGRAM THAT GIVES APPROXIMATELY 40 TO 50 CHILDREN WITH AUTISM AN OPPORTUNITY TO PARTICIPATE EACH YEAR. 53 SESSIONS WERE HELD IN THE SUMMER OF 2008 BETWEEN JUNE AND AUGUST.

4c (Code:) (Expenses \$ 18,425. including grants of \$ 18,425.) (Revenue \$)
LAURIE FLUTIE COMPUTER INITIATIVE - SPONSORED BY HEWLETT PACKARD, THE FOUNDATION DISTRIBUTED 49 COMPUTERS IN 2008 TO FAMILIES OF CHILDREN WITH AUTISM AS WELL AS AUTISM PROGRAMS WITHIN SEVERAL SCHOOL DISTRICTS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 123,401. including grants of \$ 8,754.) (Revenue \$)

4e Total program service expenses \$ 613,502. (Must equal Part IX, Line 25, column (B).)

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

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	9	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	14	
b Enter the number of voting members that are independent	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MA, CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DAVID R. BLOUIN, CPA - 781-893-1670**
51 SAWYER ROAD, SUITE 310, WALTHAM, MA 02453

832006
12-18-08

Form **990** (2008)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS FLUTIE PRESIDENT / DIRECTOR	1.00	X		X				0.	0.	0.
LAURIE FLUTIE VICE PRESIDENT / DIRECTOR	1.00	X		X				0.	0.	0.
THOMAS R. BURTON III CLERK / DIRECTOR	1.00	X		X				0.	0.	0.
STEPHEN BRACKETT DIRECTOR	1.00	X						0.	0.	0.
KEVIN KELLER DIRECTOR	1.00	X						0.	0.	0.
JEFFREY CAMMUSO DIRECTOR	1.00	X						0.	0.	0.
ROBERT FORLENZA DIRECTOR	1.00	X						0.	0.	0.
MICHAEL SHUNNEY DIRECTOR	1.00	X						0.	0.	0.
DONNA LUCENTE DIRECTOR	1.00	X						0.	0.	0.
MICHAEL MARTINI DIRECTOR	1.00	X						0.	0.	0.
CAROLYN MACEDO DIRECTOR	1.00	X						0.	0.	0.
JAMES STAHL DIRECTOR	1.00	X						0.	0.	0.
JOHN BURNS DIRECTOR	1.00	X						0.	0.	0.
SHAMEZ KANJI DIRECTOR	1.00	X						0.	0.	0.
DAVID BLOUIN TREASURER	1.00			X				0.	0.	0.
LISA A BORGES EXECUTIVE DIRECTOR	30.00			X				50,614.	0.	1,518.

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	134,284.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	461,069.				
	g Noncash contributions included in lines 1a-1f \$		144,824.				
	h Total. Add lines 1a-1f			595,353.			
Program Service Revenue	2 a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			90,680.			90,680.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			1,337.			1,337.
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-220,598.			-220,598.
	8 a Gross income from fundraising events (not including \$ 134,284. of contributions reported on line 1c). See Part IV, line 18	a 481945.					
	b Less: direct expenses	b 264509.					
	c Net income or (loss) from fundraising events			217,436.	217,436.		
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a 626.					
b Less: cost of goods sold	b 626.						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue							
11 a _____	Business Code						
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				684,208.	217,436.	0.	-128581.

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

Form 990 (2008)

04-3543134 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	478,855.	478,855.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	20,000.	20,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	50,614.	37,960.	10,123.	2,531.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	142,095.	62,550.	12,109.	67,436.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,455.		3,455.	
9 Other employee benefits	3,408.		3,408.	
10 Payroll taxes	16,958.	8,840.	1,964.	6,154.
11 Fees for services (non-employees):				
a Management				
b Legal	1,040.		1,040.	
c Accounting	27,900.		27,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,912.		17,912.	
g Other	25,191.		25,191.	
12 Advertising and promotion				
13 Office expenses	10,555.	4,671.	4,464.	1,420.
14 Information technology	4,680.		4,680.	
15 Royalties				
16 Occupancy	9,931.		9,931.	
17 Travel	4,531.		4,531.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	680.		680.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65.		65.	
23 Insurance	3,613.		3,613.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	16,986.	626.	13,693.	2,667.
b BANK CHARGES	4,845.		4,845.	
c 401K ADMINISTRATION FEE	1,395.		1,395.	
d OUTSIDE SERVICES	1,045.		1,045.	
e WEBSITE	946.		946.	
f All other expenses	49.		49.	
25 Total functional expenses. Add lines 1 through 24f	846,749.	613,502.	153,039.	80,208.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

Form 990 (2008)

04-3543134 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	293,641.	2	367,487.
	3 Pledges and grants receivable, net	61,860.	3	31,503.
	4 Accounts receivable, net	12,591.	4	12,396.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	32,115.	8	26,816.
	9 Prepaid expenses and deferred charges	794.	9	
	10a Land, buildings, and equipment: cost basis	10,982.	10a	
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10,982.	10b	
	11 Investments - publicly traded securities	2,689,723.	11	1,957,691.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	347.	15	613.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,091,136.	16	2,396,506.	
Liabilities	17 Accounts payable and accrued expenses	3,146.	17	8,279.
	18 Grants payable	401,185.	18	350,651.
	19 Deferred revenue	45,838.	19	12,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	450,169.	26	371,430.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,640,967.	27	2,025,076.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,640,967.	33	2,025,076.
	34 Total liabilities and net assets/fund balances	3,091,136.	34	2,396,506.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008
Open to Public
Inspection

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

Employer identification number
04-3543134

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention, or association of churches, or association described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ 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 exempt 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)**. (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

THE DOUG FLUTIE JR. FOUNDATION

Schedule A (Form 990 or 990-EZ) 2008 FOR AUTISM, INC.

04-3543134 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	589,892.	550,874.	695,578.	819,645.	595,353.	3,251,342.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	589,892.	550,874.	695,578.	819,645.	595,353.	3,251,342.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						564,338.
6 Public Support. Subtract line 5 from line 4						2,687,004.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	589,892.	550,874.	695,578.	819,645.	595,353.	3,251,342.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,860.	52,495.	64,131.	85,555.	92,017.	367,058.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						3,618,400.
12 Gross receipts from related activities, etc. (see instructions)					12	2,345,217.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	74.26 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	77.62 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2008

2008

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Part II, Line 5

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2008
Open to Public
Inspection

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Employer identification number
04-3543134

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2008

04-3543134 Page 2

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768
(election under section 501(h)). See the instructions for Schedule C for details.**

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		4,524.													
c Total lobbying expenditures (add lines 1a and 1b)		4,524.													
d Other exempt purpose expenditures		762,643.													
e Total exempt purpose expenditures (add lines 1c and 1d)		767,167.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		140,075.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		35,019.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	133,365.	132,104.	146,980.	140,075.	552,524.
b Lobbying ceiling amount (150% of line 2a, column(e))					828,786.
c Total lobbying expenditures	5,988.	4,139.	4,613.	4,524.	19,264.
d Grassroots non-taxable amount	33,341.	33,026.	36,745.	35,019.	138,131.
e Grassroots ceiling amount (150% of line 2d, column (e))					207,197.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

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

Schedule C (Form 990 or 990-EZ) 2008

04-3543134 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?			
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 Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? ...	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
InspectionName of the organization **THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.**Employer identification number
04-3543134**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.

Schedule D (Form 990) 2008

04-3543134 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	10,982.		10,982.	0.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				0.

Schedule D (Form 990) 2008

(c) Method of valuation:
Cost or end-of-year market value

(c) Method of valuation:
Cost or end-of-year market value

(b) Book value

(b) Amount

832053
12-23-08

THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.

Schedule D (Form 990) 2008

04-3543134 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	684,208.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	846,749.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-162,541.
4	Net unrealized gains (losses) on investments	4	-453,350.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-453,350.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-615,891.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	511,366.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-453,350.
b	Donated services and use of facilities	2b	15,373.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	265,135.
e	Add lines 2a through 2d	2e	-172,842.
3	Subtract line 2e from line 1	3	684,208.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	684,208.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,127,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	15,373.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	265,135.
e	Add lines 2a through 2d	2e	280,508.
3	Subtract line 2e from line 1	3	846,749.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	846,749.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 626.

SPECIAL EVENTS EXPENSE: 264509.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 626.

SPECIAL EVENTS EXPENSE: 264509.

Schedule D (Form 990) 2008

832054
12-23-08

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

04-3543134

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CANADA	0	0	GRANTS OF \$10,000 EACH WERE PAID TO TWO SEPARATE CHARITIES LOCATED IN CANADA.	NO PROGRAM SERVICES WERE CONDUCTED IN CANADA.	20,000.
Totals					20,000.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

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

Part III: Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.

Schedule F (Form 990) 2008

04-3543134 Page 4

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: DURING 2008, TWO GRANTS OF \$10,000 EACH WERE
PAID TO TWO SEPARATE CHARITIES LOCATED IN CANADA. NO OTHER ACTIVITIES,
OFFICES OR EMPLOYEES TOOK PLACE IN OR WERE SITUATED IN CANADA.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008
Open To Public
Inspection

Employer identification number	04-3543134
--------------------------------	------------

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- e** ☐ Solicitation of non-government grants

- ☐ Solicitation of government grants

- ☐ Special fundraising events

- d** ☐ In-person solicitations

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2008

04-3543134 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		ANNUAL GOLF CLASSIC (event type)	FULL COURT CHARITY CHAL (event type)	2 (total number)	
Revenue	1 Gross receipts	270,041.	194,335.	151,853.	616,229.
	2 Less: Charitable contributions ..	81,254.	16,760.	36,270.	134,284.
	3 Gross revenue (line 1 minus line 2)	188,787.	177,575.	115,583.	481,945.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	153,712.	44,951.	65,846.	264,509.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				264,509.
	9 Net income summary. Combine lines 3 and 8 in column (d)				217,436.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," Explain: _____
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

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

Schedule G (Form 990 or 990-EZ) 2008

04-3543134 Page 3

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

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

Employer identification number
04-3543134

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPERGER'S ASSOCIATION OF NEW ENGLAND - 85 MAIN ST., SUITE 101 - WATERTOWN, MA 02472	04-3376227	501(C)(3)	20,000.	0.			SCHOLARSHIPS
AUTISM ALLIANCE METROWEST 14 EAST CENTRAL STREET NATICK, MA 01760	30-0091859	501(C)(3)	20,000.	0.			SERVICES
EASTER SEALS MASSACHUSETTS 484 MAIN STREET WORCESTER, MA 01608	04-2103867	501(C)(3)	15,000.	0.			SERVICES
FAMILY AUTISM CENTER OF THE SOUTH NORFOLK COUNTY ARC - 789 CLAPBOARDTREE STREET - WESTWOOD, MA 02090	04-2349499	501(C)(3)	15,000.	0.			SCHOLARSHIPS
THE ARC OF EAST MIDDLESEX 20 GOULD ST. READING, MA 01867	04-2239964	501(C)(3)	18,562.	0.			SCHOLARSHIPS
COMMUNITY RESOURCES FOR PEOPLE W/AUTISM, DIV OF ASSN FOR COMMUNITY LIVING - 116 PLEASANT STREET - EAST HAMPTON, MA 01027	04-2210585	501(C)(3)	19,980.	0.			SERVICES

2 Enter total number of section 501(c)(3) and government organizations **40.**

3 Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

[illegible]

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information
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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

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

Employer identification number
04-3543134

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITY PLUS, INC. PO BOX 253 ONE TEE HOUSE LANE WATERVILLE, NH 03215	04-3367707	501(C)(3)	15,000.	0.			SERVICES
RHODE ISLAND AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	05-0512037	501(C)(3)	10,000.	0.			SERVICES
HANNAH & FRIENDS 51250 HOLLYHOCK ROAD SOUTH BEND, IN 46637	30-0171137	501(C)(3)	10,000.	0.			SCHOLARSHIPS
FOUNDATION FOR EDUCATING CHILDREN WITH AUTISM - PO BOX 813 - MT. KISCO, NY 10549	13-3792348	501(C)(3)	10,000.	0.			EDUCATIONAL SERVICES
THE KELBERMAN CENTER 1601 ARMORY DRIVE UTICA, NY 13501	55-0901293	501(C)(3)	14,000.	0.			SERVICES
LIFESPIRE NEW JERSEY, C/O LIFESPIRE INC. - PARK 80 WEST PLAZA II, SUITE 200 - SADDLE BROOK, NJ 07663	20-3985415	501(C)(3)	19,630.	0.			SERVICES
JOMONIO SCHOOL 3049 EAST GENESEE ST. SYRACUSE, NY 13224	16-0981162	501(C)(3)	10,000.	0.			SERVICES
COMMUNITY PARTNERS, FBO CIRCLE OF FRIENDS - 12034 STANWOOD DRIVE - LOS ANGELES, CA 90066	95-4302067	501(C)(3)	10,000.	0.			SERVICES

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

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

Employer identification number
04-3543134

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY COACHING CENTER PO BOX 720072 SAN DIEGO, CA 92172	20-0948809	501(C)(3)	15,120.	0.			SERVICES
GREATER MARLBOROUGH PROGRAMS, INC. 225 MAIN ST. SUITE 212 MARLBOROUGH, MA 01752	04-2532990	501(C)(3)	18,000.	0.			SERVICES
NORTH SHORE ARC/AUTISM SUPPORT CENTER - 6 SOUTHSIDE ROAD - DANVERS, MA 01923	04-2232416	501(C)(3)	20,000.	0.			GRANTS/SERVICES
MINUTE MAN ARC FOR HUMAN SERVICES, INC. - 1269 MAIN STREET - CONCORD, MA 01742	04-2269230	501(C)(3)	19,859.	0.			SERVICES
UNIVERSITY OF CALIFORNIA, RIVERSIDE, GRADUATE SCHOOL OF EDUCATION - 1207 SPROUL HALL - RIVERSIDE, CA 92521	95-6006142	501(C)(3)	10,000.	0.			SCHOLARSHIPS
LUK CRISIS CENTER, INC. 545 WESTMINSTER ST. FITCHBURG, MA 01420	04-2483679	501(C)(3)	10,000.	0.			EDUCATIONAL SERVICES
ROCHESTER INSTITUTE OF TECHNOLOGY 28 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	10,500.	0.			SERVICES
SNACK & FRIENDS 220 EAST 86TH STREET NEW YORK, NY 10028	20-5934666	501(C)(3)	10,000.	0.			SERVICES

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public Inspection

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

Employer identification number
04-3543134

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF MARTHA'S VINEYARD PO BOX 881 VINEYARD HAVEN, MA 02568	04-3293959	501(C)(3)	10,000.	0.			SERVICES
MGH-LADDERS (MASS GENERAL HOSPITAL) - 100 CHARLES RIVER PLAZA, SUITE 600 - BOSTON, MA 02114	04-3376023	501(C)(3)	75,125.	0.			MEDICAL SERVICES
THE ARC OF MASSACHUSETTS 217 SOUTH ST. WALTHAM, MA 02453	04-2223502	501(C)(3)	900.	0.			SERVICES
ACCESSPORTS AMERICA 119 HIGH ST. ACTON, MA 01720	04-3265194	501(C)(3)	25,000.	0.			SPONSORSHIPS
CHILDREN MAKING STRIDES 160 MACARTHUR BLVD, SUITE 6 BOURNE, MA 02532	04-3551290	501(C)(3)	20,000.	0.			EDUCATIONAL SERVICES
MISC. AWARENESS		501(C)(3)	8,754.	0.			MISCELLANEOUS SERVICES
METHUEN PUBLIC SCHOOLS 1 RANGER ROAD METHUEN, MA 01844	04-6001220	501(C)(3)	0.	373. FMV		COMPUTER	EDUCATIONAL
AUTISM RESOURCE CENTER 71 STERLING ST. WEST BOYLSTON, MA 01583	04-2300014	501(C)(3)	0.	1,120. FMV		COMPUTERS	EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
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OMB No. 1545-0047
2008

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY AUTISM CENTER OF THE SOUTH NORFOLK COUNTY ARC - 789 CLAPBOARDTREE STREET - WESTWOOD, MA 02090	04-2349499	501(C)(3)	0.	1,120.FMV		COMPUTERS	EDUCATIONAL
COVE SCHOOL AIM PROGRAM 20 EISENHOWER AVE. BEVERLY, MA 01915	04-6001379	501(C)(3)	0.	746.FMV		COMPUTERS	EDUCATIONAL
COMMUNITY BRIDGES 2 WHITNEY ROAD CONCORD, NH 03301	02-0368594	501(C)(3)	0.	373.FMV		COMPUTER	EDUCATIONAL
MILFORD PUBLIC SCHOOLS 110 CONGRESS ST. MILFORD, MA 01757	04-6001224	501(C)(3)	0.	1,866.FMV		COMPUTERS	EDUCATIONAL
NORTH SHORE ARC 6 SOUTHSIDE ROAD DANVERS, MA 01923	04-2232416	501(C)(3)	0.	1,819.FMV		COMPUTERS	EDUCATIONAL
MASSACHUSETTS DEPARTMENT OF MENTAL RETARDATION - 435 MAIN STREET - PITCHBURG, MA 01420	04-6002284	501(C)(3)	0.	373.FMV		COMPUTER	EDUCATIONAL
ASPERGER'S ASSOCIATION OF NEW ENGLAND - 85 MAIN ST., SUITE 101 - WATERTOWN, MA 02472	04-3376227	501(C)(3)	0.	2,518.FMV		COMPUTERS	EDUCATIONAL
EAST MIDDLESEX ARC 20 GOULD ST. READING, MA 01867	04-2239964	501(C)(3)	0.	699.FMV		COMPUTERS	EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

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Inspection**

Name of the organization

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

Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARRETT PRESSLEY ARC 468 NORFOLK STREET MATTAPAN, MA 02126	20-2230923	501(C)(3)	0.	1,120.FMV		COMPUTERS	EDUCATIONAL
PORT RESOURCES 125 JOHN ROBERTS RD, SUITE 12 S. PORTLAND, ME 04106	01-0367582	501(C)(3)	0.	1,493.FMV		COMPUTERS	EDUCATIONAL
SPRINGFIELD PUBLIC SCHOOLS 45 SUMNER AVE. SPRINGFIELD, MA 01108	04-6001415	501(C)(3)	0.	1,072.FMV		COMPUTERS	EDUCATIONAL
BELLINGHAM PUBLIC SCHOOLS 60 HARPIN ST. BELLINGHAM, MA 02019	04-6001084	501(C)(3)	0.	1,120.FMV		COMPUTERS	EDUCATIONAL
FARMSTEADS OF NEW ENGLAND 213 CENTER ROAD HILLSBOROUGH, NH 03244	02-0517433	501(C)(3)	0.	1,120.FMV		COMPUTERS	EDUCATIONAL
NORWALK PUBLIC SCHOOLS 125 EAST STREET NORWALK, CT 06852	06-6011881	501(C)(3)	0.	373.FMV		COMPUTER	EDUCATIONAL
RCS LEARNING CENTER 6 STRATHMORE ROAD NATICK, MA 01760	20-8511604	501(C)(3)	0.	1,120.FMV		COMPUTERS	EDUCATIONAL

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008
Open to Public
Inspection

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

Employer identification number
04-3543134

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		36,323.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	25,800.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ADVERTISING)	X	1	25,511.	FAIR MARKET VALUE
26 Other ► (COMPUTERS AND)	X	1	17,260.	FAIR MARKET VALUE
27 Other ► (PRINTED MATER)	X	1	13,200.	FAIR MARKET VALUE
28 Other ► (PRESIDENT CLU)	X	1	6,500.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

THE DOUG FLUTIE JR. FOUNDATION

Schedule M (Form 990) 2008 FOR AUTISM, INC.

04-3543134

Page 2

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:**ENTERTAINMENT EVENTS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6150.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEMATIC DESIGN FOR RESIDENTIAL LOT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

GOLF OUTINGS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2980.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

VACATION RENTALS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2600.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

TIMEPIECES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

THE DOUG FLUTIE JR. FOUNDATION

Schedule M (Form 990) 2008

FOR AUTISM, INC.

04-3543134

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2000.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

MAGAZINES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1500.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
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Inspection

Name of the organization

THE DOUG FLUTIE JR. FOUNDATION
FOR AUTISM, INC.

Employer identification number
04-3543134

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER DIRECT PROGRAM EXPENSES AND MISCELLANEOUS AUTISM AWARENESS
GRANTS.

EXPENSES \$ 123401. INCLUDING GRANTS OF \$ 8754. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: DOUGLAS FLUTIE, THE PRESIDENT OF
THE CORPORATION AND ALSO A DIRECTOR AND LAURIE FLUTIE, THE VICE PRESIDENT
OF THE CORPORATION AND ALSO A DIRECTOR, ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION HAS A SINGLE CLASS
OF MEMBERS, EACH OF WHOM IS ENTITLED TO VOTE ON ALL MATTERS COMING BEFORE
THE MEMBERS. MEMBERS ENTITLED TO VOTE SHALL HAVE ONE VOTE EACH UNLESS
OTHERWISE PROVIDED BY THE ARTICLES OF ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE DIRECTORS SHALL BE ELECTED AT
THE ANNUAL MEETING OF THE MEMBERS BY SUCH MEMBERS AS HAVE THE RIGHT TO VOTE
AT SUCH ELECTION. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DECREASED AT
ANY TIME OR FROM TIME TO TIME BY THE MEMBERS BY A VOTE OF A MAJORITY OF THE
MEMBERS THEN IN OFFICE; PROVIDED, HOWEVER, THAT THE NUMBER OF DIRECTORS MAY
ONLY BE DECREASED TO ELIMINATE VACANCIES EXISTING BY REASON OF THE DEATH,
RESIGNATION OR REMOVAL OF ONE OR MORE DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: EACH MEMBER SHALL BE ENTITLED TO
VOTE ON ALL MATTERS COMING BEFORE THE MEMBERS. THE MEMBERS MAY INCREASE AND
DECREASE THE NUMBER OF MEMBERS AND MAY APPOINT ADDITIONAL MEMBERS AT ANY
SPECIAL MEETING, BY A VOTE OF A MAJORITY OF THE MEMBERS ENTITLED TO VOTE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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FOR AUTISM, INC.

Employer identification number

04-3543134

THEREON; PROVIDED, HOWEVER, THAT THE MEMBERS MAY ONLY DECREASE THE NUMBER OF MEMBERS AT A SPECIAL MEETING TO ELIMINATE VACANCIES CAUSED BY DEATH, RESIGNATION, REMOVAL OR DISQUALIFICATION OF ONE OR MORE MEMBERS. THE MEMBERS MAY FROM TIME TO TIME DESIGNATE ONE OR MORE PERSONS OR ENTITIES WHO SHALL SUCCEED THEM AT ANY TIME THAT THERE ARE NO MEMBERS BECAUSE OF THE DEATH, RESIGNATION, REMOVAL OR DISQUALIFICATION OF ALL EXISTING MEMBERS, AND AT SUCH TIME THE PERSONS OR ENTITIES SO DESIGNATED SHALL AUTOMATICALLY BECOME MEMBERS OF THE CORPORATION WITHOUT ANY FURTHER ACTION WHATSOEVER, OR IF NO SUCH DESIGNATION IS THEN IN FORCE, THE PERSONS WHO ARE THEN SERVING AS DIRECTORS SHALL BECOME THE MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 8B: AS OF DECEMBER 31, 2008, THERE WERE NO COMMITTEES WITH THE POWER TO ACT FOR THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WAS REVIEWED BY THE TREASURER, THE EXECUTIVE DIRECTOR AND THE AUDIT COMMITTEE PRIOR TO FILING. IN ADDITION, ALL DIRECTORS WERE PROVIDED WITH A COPY OF THE FORM 990 PRIOR TO FILING AND INVITED TO COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL DISCLOSURE QUESTIONNAIRE IS DISTRIBUTED TO ALL EMPLOYEES. THE POLICY COVERS ANY DIRECTOR, OFFICER, AND EXECUTIVE DIRECTOR OF THE FOUNDATION. UPON BECOMING AWARE OF ANY ISSUE, THE BOARD OF DIRECTORS REVIEWS AND DETERMINES THE OUTCOME.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION HAS A COMPENSATION COMMITTEE WHICH REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
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DIRECTOR OF MARKETING AND EVENTS BASED ON COMPARABILITY DATA AND MAKES RECOMMENDATIONS TO THE BOARD. THE COMPENSATION PAID TO THESE EMPLOYEES IS THEN APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO THE EXECUTIVE DIRECTOR. IN ADDITION, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE PUBLISHED ONLINE BY THE MASSACHUSETTS SECRETARY OF STATE'S OFFICE AND THE OFFICIAL WEBSITE OF THE ATTORNEY GENERAL OF MASSACHUSETTS RESPECTIVELY.

FORM 990, PART XI, LINE 2C:

THE BOARD OF DIRECTORS APPOINTED AN AUDIT COMMITTEE ON OCTOBER 20, 2009. THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND MAKING RECOMMENDATIONS TO THE BOARD REGARDING THE SELECTION OF THE INDEPENDENT ACCOUNTANTS.

FORM 990, PART VI, SECTION B, LINE 13:

POLICIES

THE FOUNDATION IMPLEMENTED A WRITTEN WHISTLEBLOWER POLICY IN OCTOBER, 2009.

FORM 990, PART VI, SECTION B, LINE 14:

POLICIES

THE FOUNDATION IMPLEMENTED A WRITTEN DOCUMENT RETENTION AND DESTRUCTION

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Schedule O (Form 990) 2008

832211
12-18-08

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Department of the Treasury
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POLICY IN OCTOBER, 2009.

FORM 990 INSTRUCTIONS, GENERAL INSTRUCTIONS G. AMENDED RETURN

AMENDED RETURN FOR YEAR ENDED 12/31/2008

FORM 990 HAS BEEN AMENDED TO REFLECT A TOTAL OF \$134,284 OF IN-KIND

CONTRIBUTIONS RECEIVED DURING THE ORGANIZATION'S SPECIAL EVENTS AS

EXPENSES ASSOCIATED WITH THESE PARTICULAR EVENTS. THE ORIGINAL FORM

990 TAX RETURN REFLECTS THESE IN-KIND CONTRIBUTIONS AS A GENERAL

FUNDRAISING EXPENSE ON PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE

24A CONTINUED ON LINE 24B LABELED AS "COST OF DIRECT IN-KIND BENEFITS

TO DONORS." THE FOLLOWING PARTS AND SCHEDULES OF THE FORM 990 WERE

AMENDED:

PART I, CURRENT YEAR COLUMN, LINE 11 OTHER REVENUE AND LINE 17 OTHER

EXPENSES REFLECT THE REALLOCATION OF \$134,284 OF FUNDRAISING EXPENSES

FROM PART IX, STATEMENT OF FUNCTIONAL EXPENSES, TO PART VIII, STATEMENT

OF REVENUE, LINE 8B DIRECT EXPENSES OF FUNDRAISING EVENTS. IN

ADDITION, THE PRIOR YEAR COLUMN, LINES 11 AND 17 REFLECT AMENDMENTS

MADE TO THE 2007 FORM 990 TO REFLECT THE SIMILAR ADJUSTMENTS MADE FOR

THAT YEAR.

PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINES 24A AND 24B, THE

EXPENSE ITEM COST OF DIRECT IN-KIND BENEFITS TO DONORS IN THE AMOUNT OF

\$134,284 WAS REALLOCATED FROM THIS PART IX AND REFLECTED ON SCHEDULE G,

PART II, LINE 7 AS OTHER DIRECT EXPENSES OF THESE FUNDRAISING EVENTS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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SCHEDULE D, PART XII, RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN, LINE 2D AND PART XIII, RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER RETURN, LINE 2D BOTH REFLECT AN INCREASE IN THE ITEM FURTHER DESCRIBED IN SCHEDULE D, PART XIV, SUPPLEMENTAL INFORMATION, AS SPECIAL EVENTS EXPENSE BY THESE IN-KIND CONTRIBUTION OF \$134,284. AS A RESULT OF THESE CHANGES, SCHEDULE D, PART XI, RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STATEMENTS, LINES 1 (TOTAL REVENUE) AND 2 (TOTAL EXPENSES) CHANGE TO AGREE TO THE CHANGES FROM SCHEDULE D, PART XII AND XIII.

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.

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, 51 SAWYER ROAD, STE 310	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WALTHAM, MA 02453	

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 |

DAVID R. BLOUIN, CPA

- The books are in the care of ► **51 SAWYER ROAD, SUITE 310 - WALTHAM, MA 02453**
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 17, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2008** 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. 4-2008)

- 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. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE DOUG FLUTIE JR. FOUNDATION FOR AUTISM, INC.	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, 51 SAWYER ROAD, STE 310	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WALTHAM, MA 02453	

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 9870
☐ 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.

DAVID R. BLOUIN, CPA

- The books are in the care of **51 SAWYER ROAD, SUITE 310 - WALTHAM, MA 02453**
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 16, 2009.**5 For calendar year **2008**, 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 _____Date **8-11-09**

Form 8868 (Rev. 4-2009)