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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
JOE ANDRUZZI FOUNDATION, INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
130 BROWN AVENUE

City, town, or country | State | ZIP + 4
MANSFIELD | MA | 02048

D Employer identification number
26-2017043

E Telephone number
(508) 339-6470

F Group Exemption Number ▶ N/A

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

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ JOEANDRUZZIFOUNDATION.ORG

J Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 375,224

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	267,238
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	442
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less. cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 186,246 of contributions reported on line 1)	6a 107,544		
	b	Less: direct expenses other than fundraising expenses	6b 104,768		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	2,776
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	270,456
Expenses	10	Grants and similar amounts paid (attach schedule) STATEMENT 1		10	153,450
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	26,879
	13	Professional fees and other payments to independent contractors		13	6,132
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,256
	16	Other expenses (describe ▶ SEE ATTACHED STATEMENT 2)		16	20,387
	17	**Total expenses.** Add lines 10 through 16 ▶		17	209,104
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	61,352
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	186,941
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	248,293

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	191,424	22	217,850
23	Land and buildings		23	
24	Other assets (describe ▶ RECEIVABLES, PREPAID EXP, EQUIPMENT)		24	35,559
25	**Total assets**	191,424	25	253,409
26	**Total liabilities** (describe ▶ ACCOUNTS PAYABLE & ACCRUED EXP)	4,483	26	5,116
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	186,941	27	248,293

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

(HTA)

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

What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT 3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	THE FOUNDATION PROVIDES GRANTS FOR RESEARCH AND CAUSES RELATING TO CANCER VICTIMS AND SURVIVORS INCLUDING FINANCIAL ASSISTANCE TO CANCER PATIENTS (Grants $ 153,450) If this amount includes foreign grants, check here ▶ ☐	28a	153,450
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	153,450

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOE ANDRUZZI 130 BROWN AVE, MANSFIELD, MA	Title PRESIDENT Hr/WK 0	0	0	0
JENNIFER ANDRUZZI 130 BROWN AVE, MANSFIELD, MA	Title EXECUTIVE DIRECTOR Hr/WK 0	24,917	0	0
JOHN LELAS 1 CENTURY TOWER, NEW HAVEN, CT	Title TREASURER Hr/WK 0	0	0	0
CARTER BUCKLEY 11 INTERVALE ROAD, PROVIDENCE, RI	Title SECRETARY Hr/WK 0	0	0	0
LUCY BUCKLEY MD 11 INTERVALE ROAD, PROVIDENCE, RI	Title DIRECTOR Hr/WK 0	0	0	0
MARJORIE CLAPPROOD 564 MASSAPOAG AVE, SHARON, MA	Title DIRECTOR Hr/WK 0	0	0	0
KURT EVANS 169 SEA STREET, QUINCY, MA	Title DIRECTOR Hr/WK 0	0	0	0
MARK KIERAN MD 44 BINNEY STREET, BOSTON, MA	Title DIRECTOR Hr/WK 0	0	0	0
LORI MAGNO 90 CHURCH STREET, WINCHESTER, MA	Title DIRECTOR Hr/WK 0	0	0	0
BONNY MOSSTON 167 SANDY VALLEY, DEDHAM, MA	Title DIRECTOR Hr/WK 0	0	0	0
PETER RIDDLE 44 RUTLAND SQUARE, BOSTON, MA	Title DIRECTOR Hr/WK 0	0	0	0
CHRIS SPINAZZOLA 564 MASSAPOAG AVE, SHARON, MA	Title DIRECTOR Hr/WK 0	0	0	0
FAITH WEINER 53 ERIN ROAD, STOUGHTON, MA	Title DIRECTOR Hr/WK 0	0	0	0
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 N/A 39a			
b	Gross receipts, included on line 9, for public use of club facilities N/A 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed ▶ MA			
42 a	The organization's books are in care of ▶ J. ANDRUZZI Telephone no ▶ (508) 339-6470			
	Located at ▶ 130 BROWN AVE City MANSFIELD ST MA ZIP + 4 ▶ 02048			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E N/A	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization? . . .	49a		X
b	If "Yes," was the related organization a section 527 organization? . . . . N/A	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

f Total number of other employees paid over $100,000 . ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 . ▶ 0

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date 9/28/10

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Carl A. LaGreca	9/22/2010		026-36-2265
Firm's name (or yours if self-employed), address, and ZIP + 4: FORMAN, ITZKOWITZ, BERENSON & LAGRECA, PC 404 WYMAN STREET, SUITE 275, WALTHAM, MA 02451		EIN ▶ 04-2771354 Phone no ▶ (781) 487-9200	

May the IRS discuss this return with the preparer shown above? See instructions . . ▶ [X] Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
JOE ANDRUZZI FOUNDATION, INC.	26-2017043

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 (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches 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).**

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 Part III.)

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

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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			INITIAL RETURN NO ACTIVITY	30,932	267,238	298,170
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0
4 **Total.** Add lines 1 through 3			0	30,932	267,238	298,170
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)						72,527
6 **Public support.** Subtract line 5 from line 4.						225,643

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			0	30,932	267,238	298,170
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			0	100	442	542
9 Net income from unrelated business activities, whether or not the business is regularly carried on			0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			0	164,569	2,776	167,345
11 **Total support.** Add lines 7 through 10						466,057
12 Gross receipts from related activities, etc. (see instructions)					12	0

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** ► [X]

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	

16a **33 1/3% support test–2009.** 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 ► [ ]

b **33 1/3% support test–2008.** 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 ► [ ]

17a **10%-facts-and-circumstances test–2009.** 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 ► [ ]

b **10%-facts-and-circumstances test–2008.** 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 ► [ ]

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 ► [ ]

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests–2009.** 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–2008.** 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 ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information See instructions

PART II, LINE 10 - NET INCOME FROM SPECIAL EVENTS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
JOE ANDRUZZI FOUNDATION, INC

Employer identification number
26-2017043

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. N/A

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
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

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 GOLF EVENT (event type)	(b) Event #2 DINNER (event type)	(c) Other events NUMEROUS (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	40,500	185,500	67,790	293,790
	2 Less: Charitable contributions	28,352	157,894		186,246
	3 Gross income (line 1 minus line 2)	12,148	27,606	67,790	107,544
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	31,766	15,692	12,479	59,937
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,411	18,938	10,482	44,831
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(104,768)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				2,776

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

			Yes	No
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?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a		
b	An outside facility	13b		
14	Enter 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 of the third party			
	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?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

JOE ANDRUZZI FOUNDATION, INC

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2009

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ACCOUNTANTS' REVIEW REPORT

To the Board of Directors
Joe Andruzzi Foundation Inc.
Mansfield, Massachusetts

We have reviewed the accompanying statement of financial position of the Joe Andruzzi Foundation, Inc. (a nonprofit organization) as of December 31, 2009 and the related statements of activities and change in net assets and cash flows for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the Joe Andruzzi Foundation, Inc.

A review consists principally of inquiries of Organization personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

July 21, 2010

JOE ANDRUZZI FOUNDATION INC.

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2009

(See Accountants' Review Report)

ASSETS

Current Assets:		
Cash	$	217,850
Contributions receivable		7,500
Prepaid expenses		6,558
Total Current Assets		231,908
Property and Equipment		21,501
	$	253,409

LIABILITIES AND NET ASSETS

Current Liabilities:		
Accounts payable and accrued expenses	$	5,116
Net Assets - Unrestricted		248,293
	$	253,409

The accompanying notes are an integral part of these financial statements.

JOE ANDRUZZI FOUNDATION INC.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

DECEMBER 31, 2009

(See Accountants' Review Report)

UNRESTRICTED	
Support and Revenue:	
Contributions	$ 267,238
Fundraising income	107,544
Interest income	442
Total Support and Revenue	375,224
Expenses:	
Program expense:	
Grants and donations	153,450
Public relations and marketing	250
	153,700
Fundraising	104,768
Management and general:	
Payroll and payroll taxes	26,879
Credit card processing fees	2,920
Depreciation	3,977
Insurance	563
Office and computer supplies	8,172
Postage and printing	2,256
Professional fees	6,132
Telephone	1,386
Travel, meals and entertainment	3,119
	55,404
Total Expenses	313,872
Change in Net Assets - Unrestricted	61,352
Net Assets - Unrestricted , Beginning of Year	186,941
Net Assets - Unrestricted, End of Year	$ 248,293

The accompanying notes are an integral part of these financial statements

JOE ANDRUZZI FOUNDATION INC.

STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2009

(See Accountants' Review Report)

Cash Flows from Operating Activities:	
Cash received from contributions and fundraising	$ 367,282
Interest income	442
Cash paid for program, fundraising, management and general expenses	(315,820)
Net Cash Provided by Operating Activities	51,904
Cash Flows from Investing Activities:	
Purchase of property and equipment	(25,478)
Net Cash Used in Investing Activities	(25,478)
Net Increase In Cash	26,426
Cash, Beginning of Year	191,424
Cash, End of Year	$ 217,850

The accompanying notes are an integral part of these financial statements

JOE ANDRUZZI FOUNDATION INC.

STATEMENTS OF CASH FLOWS (CONTINUED)

YEAR ENDED DECEMBER 31, 2009

(See Accountants' Review Report)

Reconciliation of Change in Net Assets to Net Cash Provided by Operating Activities

Change in Net Assets	$ 61,352
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:	
Depreciation	3,977
Increase in contributions receivable	(7,500)
Increase in prepaid expenses	(6,558)
Increase in accounts payable and accrued expenses	633
Total Adjustments	(9,448)
Net Cash Provided by Operating Activities	$ 51,904

The accompanying notes are an integral part of these financial statements

JOE ANDRUZZI FOUNDATION INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

Note 1 - Description of Operations

The Joe Andruzzi Foundation Inc. ("The Foundation") was organized in the Commonwealth of Massachusetts as a not-for-profit corporation in August 2007. Its purpose is to provide financial assistance to cancer patients and their families for utility costs, and donate funds toward pediatric brain cancer research. The Foundation is supported primarily by public contributions.

Note 2 - Summary of Significant Accounting Policies

a) Basis of Statement Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles. Net assets, revenues, and expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Foundation and changes therein are classified and reported as follows:

Unrestricted Net Assets - Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets - Net assets that are available for use, but expendable only for those purposes specified by the grantor.

Permanently Restricted Net Assets - Net assets subject to donor imposed stipulations that they be maintained permanently by the Foundation.

b) Support and Revenue

Support and revenue are considered to be available for unrestricted use and are recognized in the period received, unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increase those net asset classes. However, if a restriction is fulfilled in the same time period in which the contribution is received, the entity reports the support as unrestricted.

The Foundation received no temporarily restricted or permanently restricted support and revenue during the year ended December 31, 2009.

c) Use of Estimates and Assumptions in the Preparation of Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies (Continued)

d) Income Taxes

The Foundation is a not-for-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is also exempt from Massachusetts state income taxes.

Management has evaluated significant tax positions against the criteria established by professional standards and believes there are no such tax positions requiring accounting recognition in the financial statements. Management does not believe its evaluation of tax positions will significantly change within twelve months of December 31, 2009. Any changes in tax positions will be recorded when the ultimate outcome becomes known. The Foundation's information returns are subject to examination by taxing authorities generally for the years ended December 31, 2007, 2008 and 2009.

e) Functional Allocation of Expenses

The costs of providing the Foundation's various programs and supporting services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

f) Contributions Receivable

Unconditional promises to give are recognized as revenue when the promise is received. The Joe Andruzzi Foundation Inc. has no receivables in excess of one year.

No allowance for uncollectible contributions receivable has been recorded as the receivables are deemed collectible by management at December 31, 2009.

g) Property and Equipment

Property and equipment are recorded at cost. Depreciation is provided using straight-line methods over the estimated useful lives of the respective assets. Maintenance and repairs are charged to expense as incurred. When items of property or equipment are sold or retired, the related costs and accumulated depreciation are removed from the accounts and any gain or loss is included in income.

Note 3 - Property and Equipment

Property and equipment consist of the following:

	2009
Computer server/software	$ 21,433
Furniture and equipment	4,045
	25,478
Less accumulated depreciation	3,977
	$ 21,501

Depreciation expense was $3,977 in 2009.

Note 4 - Awards and Grants

During 2009, the Foundation awarded grants totaling $135,000, to provide financial assistance to cancer patients and their families and to support pediatric brain cancer research.

Note 5 - Fair Value of Financial Instruments

The following methods and assumptions were used by the Foundation in estimating its fair value disclosures for financial instruments:

1) Cash, contributions receivable and accounts payable and accrued expenses: The carrying amounts reported in the statement of financial position approximate fair values because of the short maturities of those instruments.

The estimated fair value of the Foundation's financial instruments are as follows:

	Fair Value
Financial assets:	
Cash	$ 217,850
Contributions receivable	7,500
Financial liabilities:	
Accounts payable and accrued expenses	5,116

Note 6 - Credit Risks

The Foundation regularly maintains cash balances in excess of federally insured limits. The Federal Deposit Insurance Corporation insures up to $250,000 for each depositor. The Foundation had no funds in excess of the Federal Deposit Insurance Corporation insurable limit at December 31, 2009.

Note 7 - Subsequent Events

In May 2009, standards related to "Subsequent Events" effective for financial periods ending after June 15, 2009 were issued. These standards state that an entity is required to evaluate subsequent events through the date the financial statements are issued or are available to be issued. The Company has evaluated subsequent events through the date the report was available for issuance, July 21, 2010.

JOE ANDRUZZI FOUNDATION, INC
FORM: 990EZ TAX YEAR: 2009
EIN: 26-2017043
STATEMENT 1

Grants and Donations Paid (Part 1, Line 10)

CJ Buckley Fund at Children's Hospital Boston, MA Relationship: None	$	50,000
Childrens Hospital Boston, MA Relationship: None		75,000
The Pan Mass Challenge/Dana Farber/ Jimmy Fund Relationship: None		10,000
Misc donations of less than $5,000 per donee Relationship: None		18,450
	$	153,450

JOE ANDRUZZI FOUNDATION, INC.
FORM: 990EZ TAX YEAR: 2009
EIN: 26-2017043
STATEMENT 2

Other Expenses (Part 1, Line 16)

Credit card processing fees	$	2,920
Depreciation		3,977
Insurance		563
Office and computer supplies		8,172
Telephone		1,386
Travel, meals & entertainment		3,119
Public relations & marketing		250
	$	20,387

JOE ANDRUZZI FOUNDATION, INC.
FORM: 990EZ TAX YEAR: 2009
EIN: 26-2017043
STATEMENT 3

Statement of Primary Exempt Purpose (Form 990 Part III)

The Foundation's purpose is to raise money for hospitals, pediatric brain cancer research and causes relating to cancer victims and survivors. The Foundation also provides financial assistance to cancer patients and their families for utility costs.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☒
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	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	Joe Andruzzi Foundation Inc	26:2017043
	Number, street, and room or suite no If a P O. box, see instructions. 130 Brown Avenue	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Mansfield, MA 02048	

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

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

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

• The books are in the care of ▶ Jennifer Andruzzi
Telephone No. ▶ (508) 339 6470 FAX No. ▶ ( )
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2010.
5 For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____.
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 gather the information necessary to file a complete and accurate J 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	$ 0
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	$ 0
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	$ 0

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 ▶ _____ Title ▶ CPA Date ▶ _____