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## Form 990-PF

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

### or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

Fo	For calendar year 2010, or tax year beginning , and ending									
G	Che	eck all that apply:	Initial	return	Initial return of a forr	ner public	charity		Final re	turn
			Amer	nded return	Address change		] Name	change		
Na	me of	foundation					Α	Employer id	entification nu	mber
The	The Heatherfield Foundation, Inc								04-3493	
		and street (or P O box number		delivered to street add	iress)	Room/su	iite B	Telephone n	umber (see pag	e 10 of the instructions)
10	Blue	eberry Circle						_	(978) 475-	3956
		own, state, and ZIP code			<u> </u>		С	f exemption a	application is pe	nding, check here
An	dove	er			MA (	01810-5 <u>03</u>	32 D	1. Foreign org	ganizations, che	ck here
	Che	ck type of organization	X Section	on 501(c)(3) exe	mpt private foundatio	n		2. Foreign org	ganizations mee	ting the 85% test.
	Se	ction 4947(a)(1) nonexe	mpt charita	able trust 🔲 C	Other taxable private t	oundation	<u></u>  _	check here	and attach con dation status wa	nputation   L_
T	Fair	market value of all ass	ets at end	J Accounting i	method X Cash	Accr	rual   E		507(b)(1)(A), c	
		ear (from Part II, col (c,	),	Other (sp	ecify)	<del></del>	(			onth termination
	line	16) ▶ \$	55,790	(Part I, column (d	d) must be on cash basi	s)	1	under section	507(b)(1)(B), c	<del>-</del>
Pa	rt I				(a) Revenue and	(b) Net in	vestment	(c) A(	djusted net	(d) Disbursements for charitable
		amounts in columns (b), (c),			expenses per books	inco		1 ' '	ncome	purposes
		the amounts in column (a) (	see page 11 oi	the instructions) )					_	(cash basis only)
	1	Contributions, gifts, grants,	etc , received (	attach schedule)	11,100					
	2	Check ▶ if the foundati	-							<del></del>
	3	Interest on savings and			10			0		
	4	Dividends and interest f	rom securitie	es ·	421		42	0		· · · · · · · · · · · · · · · · · · ·
	5	a Gross rents	\	0			_	<del>-</del>		
ne	ے ا	b Net rental income or (los a Net gain or (loss) from s			0					
Revenue	٥	b Gross sales price for all ass		0	<del>-</del>	····		<del>                                     </del>		
Š	7	Capital gain net income						o		
œ	8	Net short-term capital g		· , 2 /					0	<del></del>
	9	Income modifications								
	10	a Gross sales less returns an	d allowances	0						
		b Less Cost of goods so	ld	0						
		c Gross profit or (loss) (at	tach schedu	le)	0					
	11	Other income (attach so	chedule)		0			<u> </u>	0	
_	12	Total. Add lines 1 throu	ıgh 11		11,531		43	1	0	
Ś	13	Compensation of officer	rs, directors,	trustees, etc	0					
Expenses	14	Other employee salaries	_							
e i	15	Pension plans employe	e-benefits—				-			
ЖX		a Legal fees (attach-sche			0			0	0 0	0
ē		b Accounting fees (attach	schedule)		625			0	0	625
aţį	17	c Other professional fees	G ZUISCHE		023			<del></del>		020
str	17 18 19	Taxes (attach-schedule)-(se	e-nage-14-of th	e instructions)	0			o	0	0
Ē	19	Depreciation (attach sc	hedule) and	depletion	o			0	0	
Ę	20	Occupancy		<u></u>						
•	<b>4-71</b>	Travel, conferences, an	d meetings							
and	22	Printing and publication								
9	23	Other expenses (attach	schedule)		60			0	0	0
ţi	23 24 25 26	Total operating and a		e expenses.					_	
2	ŀ	Add lines 13 through 23			685			<u> </u>	0	
) De	25	Contributions, gifts, gra			4,000					4,000
<u>ر</u> پ	26	Total expenses and disbu		lines 24 and 25	4,685			0	0	4,625
2	27	Subtract line 26 from lin			0.040					
2	13	a Excess of revenue over ex			6,846		43	11		
Š	₿	b Net investment incom			-		43	4		<del>  · · · · · · · · · · · · · · · · · · ·</del>
@	<b>P</b>	c Adjusted net income (	ii negative, e	:nter -0-)					0	<u> </u>

For Paperwork Reduction Act Notice, see page 30 of the instructions.

(HTA)

Form **990-PF** (2010)

Da	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End o	of year	
Fa	ш	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing .	13,351	9,097	9,150	
	2	Savings and temporary cash investments .		_		
	3	Accounts receivable ▶ 0		_		
		Less allowance for doubtful accounts	0	0	0	
	4	Pledges receivable ▶ 0	-			
		Less allowance for doubtful accounts	0	0	0	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the		0		
	_	instructions)	0	0	0	
	7	Other notes and loans receivable (attach schedule)				
Assets		Less allowance for doubtful accounts	0	0	0	
SS	8	Inventories for sale or use				
Ä	9	Prepaid expenses and deferred charges		0	0	
		a Investments—U S and state government obligations (attach schedule)	0	<u>-</u>	46,640	
		b Investments—corporate stock (attach schedule)	22,884	33,984 0	40,040	
		c Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis	- 0	. 0	0	
	40	Less accumulated depreciation (attach schedule)	0			
	12	Investments—mortgage loans	0	0	0	
	13	Investments—other (attach schedule)	<del>-</del>			
	14	Land, buildings, and equipment basis   Less accumulated depreciation (attach schedule)	o	0	0	
	45	Less accumulated depression (attack deficed by		0	0	
	15	Other assets (describe	- <del></del>			
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	36,235	43,081	55,790	
	17	Accounts payable and accrued expenses	00,200	10,001		
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0		
ä	21	Mortgages and other notes payable (attach schedule)	0	0		
$\equiv$	22	Other liabilities (describe	0	0		
	23	Total liabilities (add lines 17 through 22)	0	0		
		Foundations that follow SFAS 117, check here				
es		and complete lines 24 through 26 and lines 30 and 31.				
JCe	24	Unrestricted				
	25	Temporarily restricted				
æ	26	Permanently restricted				
Net Assets or Fund Bala		Foundations that do not follow SFAS 117, check here				
ᆵ		and complete lines 27 through 31.				
7	27	Capital stock, trust principal, or current funds	36,235	43,081		
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
set	29	Retained earnings, accumulated income, endowment, or other funds				
As	30	Total net assets or fund balances (see page 17 of the			- * - "	
et		instructions)	36,235	43,081		
Z	31	Total liabilities and net assets/fund balances (see page 17				
	L	of the instructions)	36,235	43,081		
	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		net assets or fund balances at beginning of year—Part II, column (a), line	e 30 (must agree with			
		of-year figure reported on prior year's return)		1	36,235	
_		r amount from Part I, line 27a		2	6,846	
3		r increases not included in line 2 (itemize)			43.091	
_		lines 1, 2, and 3		4	43,081 0	
5		eases not included in line 2 (itemize)	oolumn (h) line 30	5	<del></del>	
6	Lotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	JOIGITH (B), TINE 30	1 0	43 081	

1

(a) List and describe the	e kind(s) of property sold (e.g., real estat se, or common stock, 200 shs MLC Co	(b) How acquired P—Purchase D—Donation	(c) Date acc (mo , day,		
1a					
b					
C					
_d					
<u>e</u>			<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a 0	0		0		0
<b>b</b> 0	0		0		0
<b>d</b> 0	0		0		0
e 0	o o		0		0
	ving gain in column (h) and owned	by the foundati	on on 12/31/69	(I) G	ains (Col. (h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (i) ol (j), if any	col (k	(), but not less than -0-) or Losses (from col (h))
<b>a</b> 0	0		0		0
<b>b</b> 0	0		0		0
<b>c</b> 0	0		0		0
<u>d</u> 0	0		0		0
<u>e</u> 0	0		0		0
2 Capital gain net income or	(net capital loss) { If (loss), e	so enter in Pa enter -0- in Pa	ort I, line 7	2	0
	or (loss) as defined in sections				
	line 8, column (c) (see pages	13 and 17 of	tne		0
Part V Qualification Und		dueed Toy o	n Not Investme	ont Incom	0
If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does no	he section 4942 tax on the dist			the base pe	eriod?  Yes No
1 Enter the appropriate am	ount in each column for each y	ear, see page	e 18 of the instruc	tions before	making any entries
(a)	(b)		(c)		(d) Distribution ratio
Base period years Calendar year (or tax year beginning i	n) Adjusted qualifying distribution	s Net value	of noncharitable-use a	ssets	(col (b) divided by col (c))
2009	4	,000		3,937	0 108292
2008		,000		,713	0 157664
2007		,500		,014	0 056800
2006		,000		0,658	0 073786
2005		,093		9,063	0 079180
2 Total of line 1, column (d) 3 Average distribution ratio f	or the 5-year base period—divi	ide the total o	n line 2 hv 5 or hi	2	0 475722
	undation has been in existence			3	0 095144
4 Enter the net value of nonc	charitable-use assets for 2010	from Part X, lı	ne 5 .	4	0
5 Multiply line 4 by line 3				. 5	0
6 Enter 1% of net investmen	t income (1% of Part I, line 27b	o)		. 6	0
7 Add lines 5 and 6				7	0
	ns from Part XII, line 4 . er than line 7, check the box in page 18.			8 that part us	ong a 1% tax rate See

Part VI Excise Tax Based on Investment Income (Section 4940(a), 494	10(b), 4940(e), or 4948—see p	age 1	18 of the	e inst	ructi	ons)
1 a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1					
Date of ruling or determination letter(attach copy of letter if						
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
here ▶ ☐ and enter 1% of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b Exempt foreign organization	ns enter 4%				-	
of Part I, line 12, col (b)	and only Others onto: 0	,			_	
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ons only Others enter -u-)	2	<del>                                     </del>		9	
<ul> <li>Add lines 1 and 2</li> <li>Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation</li> </ul>	one only Others enter ()	4	<del></del>		9	
<ul> <li>Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations.</li> <li>Tax based on investment income. Subtract line 4 from line 3 if zero or less, etc.</li> </ul>		5	<del></del>		9	
6 Credits/Payments	riter -0-	-			9	
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a   0					
b Exempt foreign organizations—tax withheld at source	6b					l
C Tax paid with application for extension of time to file (Form 8868)	6c 0					
d Backup withholding erroneously withheld	6d		ļ			
7 Total credits and payments Add lines 6a through 6d .		7			0	3
<u> </u>	n 2220 is attached	8			ō	
9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	overpaid	10			0	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax	0 Refunded ►	11			0	
Part VII-A Statements Regarding Activities						
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it						
participate or intervene in any political campaign?						
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the						X
Instructions for definition)?						メ
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
published or distributed by the foundation in connection with the activities						İ .
c Did the foundation file Form 1120-POL for this year?						Χ
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed	during the year					
(1) On the foundation   \$ (2) On foundation is	managers > \$					
e Enter the reimbursement (if any) paid by the foundation during the year for politic	cal expenditure tax imposed					
on foundation managers   \$						
2 Has the foundation engaged in any activities that have not previously been repo	rted to the IRS?			2		X
If "Yes," attach a detailed description of the activities						,
3 Has the foundation made any changes, not previously reported to the IRS, in its						~
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo				3		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more dur	ring the year? .			<u>4a</u>		X
b If "Yes," has it filed a tax return on Form 990-T for this year?				4b	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction durin	g the year?			5		ļ.,
If "Yes," attach the statement required by General Instruction T	antination of author					
Are the requirements of section 508(e) (relating to sections 4941 through 4945)	satistied eitner					
By language in the governing instrument, or  By attack legislation that affectively amond the governing instrument on that	no mandatoni directione					
By state legislation that effectively amends the governing instrument so that     that coeffet with the state law remains in the government instrument?	no mandatory directions			6		د ــــــــــــــــــــــــــــــــــــ
that conflict with the state law remain in the governing instrument?  7 Did the foundation have at least \$5,000 in assets at any time during the year?	If "You " complete Part II col (c) :	and D	ort VIV	7	X	
<ul> <li>7 Did the foundation have at least \$5,000 in assets at any time during the year?</li> <li>8 a Enter the states to which the foundation reports or with which it is registered (se</li> </ul>		iiu Pe	21 L A V	<del>  '</del>	$\vdash \uparrow \vdash$	
instructions) ► MA	- page 10 0, a.e					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990	PPF to the Attorney					· '
General (or designate) of each state as required by General Instruction G? If "N				8b		-
9 Is the foundation claiming status as a private operating foundation within the me				<del></del>		
or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see iii		)?			-	
If "Yes," complete Part XIV	, , , , , , , , , , , , , , , , , , , ,	•		9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes," a	attach a schedule listing					
their names and addresses		_		10	Х	

Form	990-PF'(2010) The Heatherfield Foundation, Inc. 04-3	493871	Р	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A			
14	The books are in care of ► Jay B Wailes Telephone no ► (978) 475	-3956		
	Located at ► 10 Blueberry Circle Andover MA ZIP+4 ► 01810-50	32		<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	• 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	امدا	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		_X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country.			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			!
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			:
	(5) Transfer any income or assets to a disqualified person (or make any of either available			;
	for the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			;
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here	15	10/7	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			ı
_	that were not corrected before the first day of the tax year beginning in 2010?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?  Yes X No			1
	If "Yes," list the years > 20, 20, 20			1
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			;
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 22 of the instructions )	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			'
2~	Did the foundation hold more than a 2% direct or indirect interest in any business			:
3a	enterprise at any time during the year?  Yes X No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			;
	If the foundation had excess business holdings in 2010)	3b	Ñ/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х

Oill	The Heatherneld Foundation,	inc.							04-348	938/1	Р	age o
Pa	rt VII-B Statements Regarding Activitie	es fo	r Which Form	<u> 47</u>	20 May Be R	equir	ed (continu	ed)				
a	During the year did the foundation pay or incur any	amo	unt to									
	(1) Carry on propaganda, or otherwise attempt to	o influ	ence legislation (s	sect	ion 4945(e))?		Y	es	X No			
	(2) Influence the outcome of any specific public	election	on (see section 49	955)	, or to carry				_			
	on, directly or indirectly, any voter registration	n drive	<b>∋</b> ?				Y∙	es	X No		] [	
	(3) Provide a grant to an individual for travel, stu-	dy, or	other similar purp	oose	es?			es	X No			
	(4) Provide a grant to an organization other than	a cha	aritable, etc., orgai	nıza	ition described							1
	in section 509(a)(1), (2), or (3), or section 494	40(d)(	2)? (see page 22	of t	he instructions)		Y	es	X No			
	(5) Provide for any purpose other than religious,	char	table, scientific, lit	erai	ry, or							
	educational purposes, or for the prevention of	f crue	ity to children or a	nım	nals?		Y6	es	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the to	ransa	ctions fail to quali	fy u	nder the exceptio	ns des	cribed in					
	Regulations section 53 4945 or in a current notice	regar	ding disaster assis	stan	ce (see page 22	of the i	nstructions)?			5b	N/A	
	Organizations relying on a current notice regarding	disas	ster assistance ch	eck	here				X			I
С	If the answer is "Yes" to question 5a(4), does the fo	ounda	ition claim exempt	tion	from the					İ	1 1	
	tax because it maintained expenditure responsibility	•	~				Ye	es	X No			t
	If "Yes," attach the statement required by Regulation		·	•						1		
ia	Did the foundation, during the year, receive any fur	nds, d	irectly or indirectly	, to	pay			1				
	premiums on a personal benefit contract?							es	X No	l		
b	Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870	direc	tly or indirectly, or	n a	personal benefit o	contrac	t?			6b		
•_						. ^	Гη.,	1			1	
	At any time during the tax year, was the foundation		•					es	X No	75		
	If "Yes," did the foundation receive any proceeds o							J. F	oid Co	7b		
F	art VIII Information About Officers, and Contractors	Dire	ectors, Truste	es,	roundation	IVIana	igers, nigr	IIY F	ald Ell	іріоу	ees,	
1	List all officers, directors, trustees, founda	ation	managers and	l th	eir compensat	ion (s	ee nage 22	of th	ne instri	uction	ne)	
÷	List all officers, directors, trustees, rounds		Title, and average		) Compensation		d) Contributions					4
	(a) Name and address		ours per week	(II	f not paid, enter -0-)		iployee benefit r deferred comper		1 '		se accou lowance:	
vr	n P Wailes	Pres	voted to position			and	zerenea comper	isatio		-		
	Blueberry Circle Andover MA 01810		2.00		0				ol			0
	B Wailes	Trea										
	Blueberry Circle Andover MA 01810		1 00		0				0			0
							-					
			00		0				0			0
			00		0				0			0
2	Compensation of five highest-paid employ	yees	(other than tho	se	included on li	ne 1—	-see page 2	3 of	the inst	tructio	ons).	
	If none, enter "NONE."						(d) Contribution		<del></del>			
	AA)		(b) Title, and avera	ge	(a) Campanah	_	employee be			) Expen	se accou	ınt,
(a	) Name and address of each employee paid more than \$50,0	000	hours per week devoted to position	n	(c) Compensation	on	plans and def			other al	lowances	S
<u></u>	NE .		<del></del>			<del>-  </del> -	compensat	ion	$\dashv$			
<u>, , , , , , , , , , , , , , , , , , , </u>	····											
_	<del></del>											
		[										
		-				_			$\bot$			
						-						
	tal number of other employees hald over \$50 (											

Form 990-PF (2010) The Heatherfield Foundation, Inc	04-3493871 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High	ghly Paid Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If	none, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
YONE	
	0
	0
	0
	0
	0
Fotal number of others receiving over \$50,000 for professional services	. •
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 None	
T NOTICE TO THE PARTY OF THE PA	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions	{
3	

Form **990-PF** (2010)

Form 990-PF (2010)

Total. Add lines 1 through 3

roim:	990-PF (2010) The Heatherfield Foundation, Inc.	04-34938	871 Page <b>t</b>
Par	Minimum Investment Return (All domestic foundations must complete this part. For	eign foundation	S,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	38 <u>,</u> 288
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	38,288
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	38,288
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	574
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	37,714
6	Minimum investment return. Enter 5% of line 5	6	1,886
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the control of the instructions (Section 4942(j)(3)) and (j)(5) private the control of the contr	ate operating	
	foundations and certain foreign organizations check here   and do not complete this pa	rt )	
1	Minimum investment return from Part X, line 6	1	1,886
2a	Tax on investment income for 2010 from Part VI, line 5	9	
b	Income tax for 2010 (This does not include the tax from Part VI)	0	
С	Add lines 2a and 2b	2c	_ 9
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 _	1,877
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,877
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,877
Don	Overlift in a Dietributions (see page 25 of the instructions)		
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u>, , , , , , , , , , , , , , , , , , , </u>	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	4,625
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,625
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,625

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

04-3493871 Form 990-PF (2010) The Heatherfield Foundation, Inc. Part XIII Undistributed Income (see page 26 of the instructions) (d) (b) (c) Years prior to 2009 2010 Corpus 2009 Distributable amount for 2010 from Part XI, 1,877 line 7 Undistributed income, if any, as of the end of 2010 2 a Enter amount for 2009 only **b** Total for prior years 20 \_\_\_\_\_, 20\_\_\_\_ Excess distributions carryover, if any, to 2010 3,100 a From 2005 3,000 **b** From 2006 **c** From 2007 319 750 d From 2008 2,163 e From 2009 9,332 f Total of lines 3a through e Qualifying distributions for 2010 from Part XII. line 4 > \$ a Applied to 2009, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) 1.877 d Applied to 2010 distributable amount 2,748 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as 6 indicated below: 12,080 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount-see page 27 of the instructions f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the 3,100 instructions) Excess distributions carryover to 2011. 8.980 Subtract lines 7 and 8 from line 6a Analysis of line 9

3,000

319

750

2,163

2.748

a Excess from 2006

b Excess from 2007

c Excess from 2008

d Excess from 2009

e Excess from 2010

	990-PF (2010) The Heatherfield Foundation			- 1 D - 4 \ 11 A	04-3493	
	TXIV Private Operating Foundations (S  If the foundation has received a ruling or determina			<u>na Part VII-A, qu</u>	estion 9)	N/A
ıa	foundation, and the ruling is effective for 2010, enter			<b>•</b>		
b	Check box to indicate whether the foundation is a p	private operating fou	indation described in	section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	Income from Part I or the minimum Investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed	0	0			0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	0	0			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities.  Subtract line 2d from line 2c	0	O	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets .					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0			0
С	"Support" alternative test—enter				<del></del>	
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Cor	nplete this part	only if the four	ndation had \$5,	000 or more in	
	assets at any time during the year		8 of the instruc	tions.)		
1 a	Information Regarding Foundation Manag List any managers of the foundation who have con before the close of any tax year (but only if they ha	tributed more than 2			the foundation	
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
2	Information Regarding Contribution, Gran	t Gift Loan Sch	nolarship etc. Pr	ograms:		
•	Check here $\blacktriangleright X$ if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, are	contributions to pre ikes gifts, grants, etc	selected charitable of	organizations and do		ions
а	The name, address, and telephone number of the	person to whom app	olications should be	addressed	· · · · · · · · · · · · · · · · · · ·	
b	The form in which applications should be submitted	d and information ar	nd materials they sho	ould include		
C	Any submission deadlines					
ن.	Any restrictions or limitations on awards, such as t	w geographical area	as charitable fields	kinds of institutions	or other	<del></del>
đ	factors	y geographical area	is, chantable lielus,	kinda or mantutions,	or other	

Form 990-PF (2010) The Heatherfield Foundation, Inc

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid dunng the year Elizabeth Peabody House 275-277 Broadway		Exempt	Charitable	2,000
Somerville MA 02145 Lazarus House Ministries, Inc. PO Box 408 Lawrence MA 01842		Exempt	Charitable	2,000
Lawrence IVIA 01842				
	<u> </u>	<u> </u>	<u> </u>	4.000
Total			▶ 3a	

orm 990-PF (2010) The Heatherfield Foundation, Inc	<del> </del>			04-349	38/1 Page 12
Part XVI-A Analysis of Income-Producing Activ	rities				
Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	(e)	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
е		0		0	0
f		0		0	0
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		0		0	0
b		0		0	<del></del>
c		0		0	<del></del>
d	<u> </u>	0		0	
e	ļ <del> </del>	0	<del></del>	0	
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	] 0	) - '	0	<u> </u>
13 Total. Add line 12, columns (b), (d), and (e)				13	0
(See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc				· · · · · · · · · · · · · · · · · · ·	
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions )	e is reported in col	umn (e) of Part X	VI-A contributed ii	mportantly to oses) (See	
		<del> · • =</del> ·			
					<del>_</del>
			·	<del></del>	<del></del>
					<del></del>
			·		<del></del>
					<del></del>
					<del> </del>

		0100011	•
Part XVII	Information Regarding Transfers To and Transactions a	nd Relationships With Noncharitable	
	Exempt Organizations		

1	in section	ganization directly 501(c) of the Code								Yes	No
а		ons? from the reporting	foundation to	a noncharitabl	e exempt orga	anızatıon of.			10(4)		į,
	(1) Cash	, and the	•		•		•		1a(1)		<del></del>
h	(2) Other Other tran						• •		1a(2)		
U		of assets to a non	charitable ave	mnt organizati	00				1b(1)	-	
	-	ases of assets from				• •		•	1b(2)		
		il of facilities, equip		•	•	•			1b(3)		<del></del>
		oursement arrange				•		•		<del>  </del>	<del></del>
		s or loan guarantee							1b(4) 1b(5)		
		•					•	• •		<del></del>	
_		rmance of services		-	-		•	• •	1b(6)	<del>  </del>	
	•	f facilities, equipme	•		•	-			1c		
a	value of th	wer to any of the al ne goods, other as ny transaction or s	sets, or service	es given by the	e reportina fou	indation If the	ne foundation re	ceived less tha	n fair m	narket	l d
(a)	Line no	(b) Amount involved	(c) Name o	of noncharitable exe	empt organization	(d) Des	scription of transfers,	transactions, and st	naring arr	angem	ents
		0									
		0									
		0									
		0	)								
		0									
		0	L								
		0									
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		0	)								
_		0									
		0					- <u></u>	·			
		0	)								
		0									
		0	)								
		0	1								
	described	ndation directly or i l in section 501(c) o complete the follow	of the Code (o						Yes 🗌	No	
		(a) Name of organization	)	(b) T	ype of organization	on	(c)	Description of relation	nship		
		penalties of perjuty, I dec t is true, correct, and of trature of officer or truste	nplete Declaration	of preparer (other		iduciary) is base	ed on all information		s any kno		e
	<u> </u>	Print/Type preparer's n		Preparer's signatu	re		Date	<u> </u>	PTIN		
Pa	nid $\forall$	Transitype preparers in			, ,	- 04		Check X if			
	eparer	Roger Lucey		1 cogn	Xeey	CPA	3/21/2011	self-employed	Pac	287	'39 I
			oger A Lucey (	CPA /				Firm's EIN	4-32	1266	666
US	se Only			e, Atkınson, NH	03811-2470			<del></del>	3) 686-		
								·			

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

**Employer identification number** Name of the organization 04-3493871 The Heatherfield Foundation, Inc. Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule To For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

•	,		
Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part I
Name of	organization therfield Foundation, Inc.		Employer identification number 04-3493871
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Jay B and Lynn P Wailes  10 Blueberry Circle Andover MA 01810-5032 Foreign State or Province Foreign Country	\$11,100	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

\_\_5\_\_

(a)

No.

6

Foreign State or Province Foreign Country

Foreign State or Province Foreign Country

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Person

Payroll Noncash

Person Payroll Noncash

(c)

Aggregate contributions

(Complete Part II if there is a noncash contribution )

(d)

Type of contribution

(Complete Part II if there is

Name of organization

The Heatherfield Foundation, Inc.

Employer identification number 04-3493871

Part II Noncash	Property	(see in	structions)
-----------------	----------	---------	-------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	400 shs Microsoft stock	\$ 11,100	12/31/2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Cabadul - D			200 55	
Schedule B	(Form 990.	990-EZ.	or 990-PF	(2010)

Name of organization

Page 1 of 1 of Part III
Employer identification number

The Heathe	erfield Foundation, Inc			04-3493871	
Part III	Exclusively religious, charitable, etc.,	individual cor	tributions to section 5	01(c)(7), (8), or (10) organizations	_
	aggregating more than \$1,000 for the y				
	For organizations completing Part III, enter			- · · · · · · · · · · · · · · · · · · ·	
	contributions of \$1,000 or less for the year				^
(a) No.	continuations of \$1,000 of less for the year	Linci mist	mormation once: eee in		<u>0</u>
from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
Part I	(5) t anpece of gift			(=) = = = = = = = = = = = = = = = = = =	
					_
			•		
		(e) T	ransfer of gift	<del></del>	_
		(-)	J		
	Transferse's name address and	71D ± 4	Polationsh	ip of transferor to transferee	
	Transferee's name, address, and	Z1F + 4	Relationsi	ip of transferor to transferee	-
(-\ h	For Prov Country				_
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
Part I	(b) Fulpose of gift	(0)	ose or gift	(a) bescription of now girt is neid	
					_
		(e) T	ransfer of gift		-
		(0) 1	runoior or gire		
	Turnefores's name address and	71D + 4	Polotionoh	in of transforms to transform	
	Transferee's name, address, and	ZIP + 4	Relationsi	ip of transferor to transferee	-
(=\ \\)	For Prov Country	<u> </u>		<del></del>	_
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
Part I	(b) i dipose oi giit	(0)		(a) Doscription of the girls held	_
		(e) T	ransfer of gift		_
		, ,	•		
	Transferee's name, address, and	7IP + 4	Relationsh	ip of transferor to transferee	
	Transition o traine, accurace, and				-
	For Prov Country				
(a) No.	For Prov Country		<u> </u>		-
from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
Part I		` `			_
			·		_
		(e) T	ransfer of gift		
			<u></u>		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee	
	Transfer of the state of the st				-
	For Prov Country				
	For Prov Country				_

## Line 16c (990-PF) - Other Fees

The Heatherfield Foundation, Inc

	Revenue and			Disbursements for Charitable
Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
erson Providing Service	Books	Income	Income	(Cash Basis Only)
Roger A Lucey CPA	625	0	0	625

## Line 23 (990-PF) - Other Expenses

The Heatherfield Foundation, Inc

		09	0	0	0
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
-	Amortization See attached statement	0	0	0	0
7	Fund Raising				
ا د	Filing fees	09			
4					
2					
9					
_					
8					
6					
10					
١					

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## Part II, Line 10b (990-PF) - Investments - Corporate Stock

The Heatherfield Foundation, Inc

			22,884	33,984	29,935	46,640
		Num Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
-	Bank of America	100	4,752	4,752		1,334
7	Standard & Poors Midcap 400	20	6,103	6,103	6,587	8,234
က	Occidental Petroleum	200	5,903	5,903		19,620
4	Spdr Trust Series 1	20	6,126	6,126	5,572	6,288
ည	SAP Aklesesell Schaft	100				
9	Zebra Technologies Inc	100				
/	Microsoft Corp	400		11,100		11,164
ω						
6						
10						

# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Name         I Business         Street         City         State         Zip Code         County         Title         Hours           1 Lynn P Wailes         10 Blueberry Circle         Andover         MA         01810         Pres/Dir         Pres/Dir           3         4         Andover         MA         01810         Trea/Dir         Trea/Dir           5         6         County         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir           6         County         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir           7         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir           8         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir           9         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir           10         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir           8         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir           9         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir         Trea/Dir </th <th></th> <th></th> <th>"X" Your</th> <th></th> <th></th> <th></th> <th></th> <th>Foreign</th> <th></th> <th>Average</th>			"X" Your					Foreign		Average
Lynn P Wailes         10 Blueberry Circle         Andover         MA         01810           Jay B Wailes         Andover         MA         01810		Name	if Business	Street	Cit	State	Zip Code	Country	Title	Hours
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