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Form 990-PF

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

OMB No 1545-0052

2009

Department of the Treasury
Internal Revenue Service

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

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

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation THE ENSIGN-BICKFORD FOUNDATION, INC.		A Employer identification number 06-6041097
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number 860-843-2388
	City or town, state, and ZIP code SIMSBURY, CT 06070		C If exemption application is pending, check here ☐ D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,714.		J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	105,612.			
	2 Check ☒ if the foundation is not required to attach Sch B interest on savings and temporary cash investments	9,138.	9,138.	9,138.	Statement 1
	3 Dividends and interest from securities				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications			87,000.	
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	840.	0.	340.	Statement 2	
12 Total. Add lines 1 through 11	115,090.	9,138.	96,478.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	2,230.	0.	0.	2,230.
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses Stmt 4	109.	0.	0.	109.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,339.	0.	0.	2,339.
	25 Contributions, gifts, grants paid	200,179.			200,179.
26 Total expenses and disbursements. Add lines 24 and 25	202,518.	0.	0.	202,518.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-87,428.				
b Net investment income (if negative, enter -0-)		9,138.			
c Adjusted net income (if negative, enter -0-)			96,478.		

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 990-PF (2009)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	3,142.	2,714.	2,714.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons *	87,000.		
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	90,142.	2,714.	2,714.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ☐			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ☒			
	27 Capital stock, trust principal, or current funds	90,142.	2,714.	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	0.	0.	
30 Total net assets or fund balances	90,142.	2,714.		
31 Total liabilities and net assets/fund balances	90,142.	2,714.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	90,142.
2 Enter amount from Part I, line 27a	2	-87,428.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	2,714.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,714.

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* Discovery of receivable, due from disqualified person,
post filing 2008 Form 990PF 2

Form 990-PF (2009)

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b NONE			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	281,994.	28,299.	9.964804
2007	379,229.	42,512.	8.920517
2006	104,636.	166,262.	.629344
2005	90,522.	220,298.	.410907
2004	349,079.	182,505.	1.912709

2 Total of line 1, column (d)	2	21.838281
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	4.367656
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	14,083.
5 Multiply line 4 by line 3	5	61,510.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	91.
7 Add lines 5 and 6	7	61,601.
8 Enter qualifying distributions from Part XII, line 4	8	202,518.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a 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 necessary-see instructions)		1	91.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		3	91.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	91.
4 Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	100.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		100.
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		9.
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ☐ 0. Refunded ☒	11		9.

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ CT		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

SEE STATEMENT 9 Form 990-PF (2009)

Part 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 instructions)	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X
Website address N/A		
14	The books are in care of RICHARD ROBERTS	Telephone no. 860-843-2334
Located at 125 POWDER FOREST DR. PO BOX 7, SIMSBURY, CT		ZIP+4 06070
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	☐ 15 N/A

Part 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 ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☒ Yes ☐ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No	
(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)?	☐ Yes ☒ No	
(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.)	☐ Yes ☒ No	
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 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	☐ 1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	☐ 1c	X
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)).		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	☐ Yes ☒ No	
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not 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 instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No	
b If "Yes," did it have excess business holdings in 2009 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 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2009?		X

Form 990-PF (2009)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

6b ☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b ☐ Yes ☒ No**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(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 and deferred compensation	(e) Expense account, other allowances
See Statement 5		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

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

Total number of other employees paid over \$50,000

▶ 0

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities	1a 0.
b	Average of monthly cash balances	1b 14,297.
c	Fair market value of all other assets	1c
d	Total (add lines 1a, b, and c)	1d 14,297.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.
2	Acquisition indebtedness applicable to line 1 assets	2 0.
3	Subtract line 2 from line 1d	3 14,297.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 214.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 14,083.
6	Minimum investment return. Enter 5% of line 5	6 704.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1 704.
2a	Tax on investment income for 2009 from Part VI, line 5	2a 91.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b
c	Add lines 2a and 2b	2c 91.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 613.
4	Recoveries of amounts treated as qualifying distributions	4 0.
5	Add lines 3 and 4	5 613.
6	Deduction from distributable amount (see instructions)	6 0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 613.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a 202,518.
b	Program-related investments - total from Part IX-B	1b 0.
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:	
a	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	4 202,518.
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	5 91.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 202,427.

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.

Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				613.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	339,954.			
b From 2005	79,507.			
c From 2006	53,636.			
d From 2007	357,229.			
e From 2008	267,994.			
f Total of lines 3a through e	1,098,320.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$	202,518.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions) **	202,518.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	613.			613.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	1,300,225.			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0.		
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.		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions.		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3).	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7.	339,341.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a.	960,884.			
10 Analysis of line 9:				
a Excess from 2005	79,507.			
b Excess from 2006	53,636.			
c Excess from 2007	357,229.			
d Excess from 2008	267,994.			
e Excess from 2009	202,518.			

** See Statement 6

Form 990-PF (2009)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
See Statement 8				
Total			3a	200,179.
b Approved for future payment				
None				
Total			3b	0.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here			6/22/10			
	Signature of officer or trustee		Date		Title	
Paid Preparer's Use Only	Preparer's signature 		Date 6/1/10		Check if self-employed ☐	
	Firm's name (or yours if self-employed), address, and ZIP code DELOITTE TAX LLP CITY PLACE I, 32ND FLOOR HARTFORD, CT 06103-3402		EIN 		Preparer's identifying number P00555280	
	Phone no. 860-725-3000					

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	Amount
INTEREST INCOME	9,138.
Total to Form 990-PF, Part I, line 3, Column A	9,138.

Form 990-PF Other Income Statement 2

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
OTHER CONTRIBUTIONS (UNITED WAY)	340.	0.	340.
Total to Form 990-PF, Part I, line 11	340.	0.	340.

Form 990-PF Accounting Fees Statement 3

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING FEES	2,230.	0.	0.	2,230.
To Form 990-PF, Pg 1, ln 16b	2,230.	0.	0.	2,230.

Form 990-PF Other Expenses Statement 4

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
MISCELLANEOUS	50.	0.	0.	50.
BANK CHARGES	59.	0.	0.	59.
To Form 990-PF, Pg 1, ln 23	109.	0.	0.	109.

Form 990-PF Part VIII - List of Officers, Directors Statement 5
 Trustees and Foundation Managers

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account
ROBERT E. DARLING JR. 819 ISLAND WAY CLEARWATER, FL 34360	CHAIRMAN 0.20	0.	0. 0.
DENISE M. GRANT 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	TREASURER 0.20	0.	0. 0.
JACQUELYN A. LEVIN 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	DIRECTOR 0.20	0.	0. 0.
MICHAEL L. PITCHER 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	DIRECTOR 0.20	0.	0. 0.
CALEB E. WHITE 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	DIRECTOR 0.20	0.	0. 0.
RICHARD ROBERTS 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	0.00	0.	0. 0.
Totals included on 990-PF, Page 6, Part VIII		0.	0. 0.

Form 990-PF	Election Under Regulations Section	Statement	6
	53.4942(a)-3(d)(2) to Treat		
	Excess Qualifying Distributions		
	as Distributions out of Corpus		

The Ensign-Bickford Foundation, Inc. hereby elects to treat the current year's qualifying distributions in excess of the immediately preceding year's undistributed income as made out of corpus.

Form 990-PF	Grant Application Submission Information Part XV, Lines 2a through 2d	Statement 7
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Name and Address of Person to Whom Applications Should be Submitted

MR. RICHARD ROBERTS
125 POWDER FOREST DR.
SIMSBURY, CT 06070

<u>Telephone Number</u>	<u>Name of Grant Program</u>
860-843-2334	THE ENSIGN-BICKFORD FOUNDATION, INC.

Form and Content of Applications

A LETTER STATING THE PURPOSE OF THE REQUEST, ANNUAL BUDGET, OTHER FUNDING
AND GEOGRAPHIC AREA IN WHICH PROCEEDS WILL BE DISTRIBUTED.

Any Submission Deadlines

NONE

Restrictions and Limitations on Awards

ORGANIZATIONS WITHIN THE LOCAL GEOGRAPHIC AREA OF THE FOUNDATION'S
CORPORATE OFFICES ARE GENERALLY SUPPORTED.

Form 990-PF	Grants and Contributions Paid During the Year	Statement 8
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Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
METRO HARTFORD ALLIANCE	COMMUNITY ASSISTANCE		10,595.
ST. LOUIS ZOO - AFB	COMMUNITY ASSISTANCE		8,500.
O'NEILL THEATER CENTER	PERFORMING ARTS PROGRAMS		7,500.
BOSTON CONSERVATORY	PERFORMING ARTS PROGRAMS		12,000.
MADISONVILLE COMMUNITY COLLEGE	EDUCATIONAL ASSISTANCE		10,000.
JUNIOR ACHIEVEMENT	COMMUNITY ASSISTANCE		5,000.
ARTIST'S COLLECTIVE	PERFORMING ARTS PROGRAMS		5,000.
FIDELCO	COMMUNITY ASSISTANCE		15,000.

<u>THE ENSIGN-BICKFORD FOUNDATION, INC.</u>		<u>06-6041097</u>
BOYS & GIRLS CLUBS OF BOSTON	COMMUNITY ASSISTANCE	10,000.
HOMES FOR OUR TROOPS	COMMUNITY ASSISTANCE	10,000.
DISABLED AMERICAN VETERANS	COMMUNITY ASSISTANCE	5,000.
WOUNDED EXPLOSIVE	COMMUNITY ASSISTANCE	7,500.
CONNECTICUT FIRST	COMMUNITY ASSISTANCE	5,000.
CROSSROAD COOPERATIVE LEARNING PROGRAM	EDUCATIONAL ASSISTANCE	5,000.
4H RESOURCE CENTER	COMMUNITY ASSISTANCE	7,500.
IOWA STATE UNIVERSITY	EDUCATIONAL ASSISTANCE	100.
THE SIMSBURY LIGHT OPERA COMPANY	PERFORMING ARTS PROGRAMS	100.
THE DONNA M. CRAND	COMMUNITY ASSISTANCE	500.

<u>THE ENSIGN-BICKFORD FOUNDATION, INC.</u>		<u>06-6041097</u>
FARM INSTITUTE	COMMUNITY ASSISTANCE	100.
ST. AUGUSTINE ALUMNI ASSOCIATION	EDUCATIONAL ASSISTANCE	100.
UConn ATHLETIC DEVELOPMENT FUND	EDUCATIONAL ASSISTANCE	150.
THE ST. FRANCIS FOUNDATION	MEDICAL ASSISTANCE	500.
INDEPENDENT FEATURE PROJECT	COMMUNITY ASSISTANCE	100.
WPI - ALUMNI RELATIONS	EDUCATIONAL ASSISTANCE	1,000.
ALMOST HOME RESCUE	COMMUNITY ASSISTANCE	200.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	MEDICAL RESEARCH	100.
BOY SCOUTS OF AMERICA	COMMUNITY ASSISTANCE	100.
THE ARC OF GREATER BOSTON	MEDICAL ASSISTANCE	100.

THE ENSIGN-BICKFORD FOUNDATION, INC.

06-6041097

SAINT MICHAEL'S COLLEGE	EDUCATIONAL ASSISTANCE	1,000.
DUKE UNIVERSITY	EDUCATIONAL ASSISTANCE	100.
LOVE A GOLDEN RETRIEVER	COMMUNITY ASSISTANCE	100.
NOTRE DAME - HENNIG	EDUCATIONAL ASSISTANCE	1,000.
CYSTIC FIBROSIS FOUNDATION	MEDICAL RESEARCH	1,000.
THE MEADOWBROOK SCHOOL	EDUCATIONAL ASSISTANCE	1,000.
JUNIOR ACHIEVEMENT OF SW N	COMMUNITY ASSISTANCE	1,000.
ALLIED REHABILITATION CENTER	MEDICAL ASSISTANCE	500.
AMERICAN CANCER SOCIETY	MEDICAL RESEARCH	100.
MULTIPLE SCHLEROSIS	MEDICAL RESEARCH	500.

THE ENSIGN-BICKFORD FOUNDATION, INC.		06-6041097
SAINT MICHAEL'S COLLEGE	EDUCATIONAL ASSISTANCE	1,000.
AMERICAN CANCER SOCIETY	MEDICAL RESEARCH	220.
NEW ENGLAND AIR MUSEUM	COMMUNITY ASSISTANCE	100.
CT PUBLIC BROADCASTING	COMMUNITY ASSISTANCE	100.
NAAF	MEDICAL RESEARCH	100.
AMERICAN RED CROSS	AMERICAN RED CROSS	100.
JIMMY FUND	MEDICAL RESEARCH	200.
JUNIOR ACHIEVEMENT OF SW N	COMMUNITY ASSISTANCE	1,500.
AMERICAN CANCER SOCIETY	MEDICAL RESEARCH	190.
JIMMY FUND	MEDICAL RESEARCH	104.

THE ENSIGN-BICKFORD FOUNDATION, INC.		06-6041097
SPECIAL OLYMPICS	COMMUNITY ASSISTANCE	100.
UConn FOUNDATION	EDUCATIONAL ASSISTANCE	200.
LEUKEMIA & LYMPHOMA SOCIETY	MEDICAL RESEARCH	200.
WEST HARTFORD EXCHANGE CLUB	COMMUNITY ASSISTANCE	500.
JUVENILE DIABETES FOUNDATION	MEDICAL RESEARCH	100.
COBB SCHOOL MONTESSORI	EDUCATIONAL ASSISTANCE	500.
FIDELCO	COMMUNITY ASSISTANCE	525.
INJURED MARINE SEMPER FI FUND	COMMUNITY ASSISTANCE	425.
COBB SCHOOL MONTESSORI	EDUCATIONAL ASSISTANCE	250.
GOODSPEED OPERA HOUSE	PERFORMING ARTS PROGRAMS	100.

THE ENSIGN-BICKFORD FOUNDATION, INC.		06-6041097
CT NORTHERN LIGHTS GIRLS HOCKEY	COMMUNITY ASSISTANCE	400.
THE MEADOWBROOK SCHOOL	EDUCATIONAL ASSISTANCE	1,500.
THE SAUL MIROWITZ DAY SCHOOL	EDUCATIONAL ASSISTANCE	2,500.
TACOMA YOUTH CHORUS	PERFORMING ARTS PROGRAMS	2,500.
UNIVERSITY OF NEW ENGLAND	EDUCATIONAL ASSISTANCE	1,500.
AVON OLD FARMS	EDUCATIONAL ASSISTANCE	500.
HOBART COLLEGE	EDUCATIONAL ASSISTANCE	500.
BISHOP LOUGHLIN MEMORIAL HIGH SCHOOL	EDUCATIONAL ASSISTANCE	500.
THE GILBERT SCHOOL	EDUCATIONAL ASSISTANCE	2,000.
VIRGINIA TECH FOUNDATION	EDUCATIONAL ASSISTANCE	100.

THE ENSIGN-BICKFORD FOUNDATION, INC.

06-6041097

CYSTIC FIBROSIS FOUNDATION	MEDICAL RESEARCH	100.
SALVATION ARMY	COMMUNITY ASSISTANCE	120.
PURDUE FOUNDATION SCHOLARSHIP	EDUCATIONAL ASSISTANCE	100.
FIDELCO	COMMUNITY ASSISTANCE	500.
FARMINGTON VALLEY CHORUS	PERFORMING ARTS PROGRAMS	500.
MARCH OF DIMES	COMMUNITY ASSISTANCE	100.
WISCONSIN PUBLIC RADIO	COMMUNITY ASSISTANCE	100.
GREATER HARTFORD YMCA	COMMUNITY ASSISTANCE	1,500.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	MEDICAL RESEARCH	400.
MAKE A WISH FOUNDATION	COMMUNITY ASSISTANCE	100.

THE ENSIGN-BICKFORD FOUNDATION, INC.

06-6041097

INTERNATIONAL RETT SYNDROME FOUNDATION	MEDICAL RESEARCH	2,500.
CT FOOD BANK	COMMUNITY ASSISTANCE	500.
SHORELINE SOUP KITCHEN	COMMUNITY ASSISTANCE	500.
ST. LOUIS ART MUSEUM	COMMUNITY ASSISTANCE	270.
SUNY @ OSWEGO	EDUCATIONAL ASSISTANCE	250.
W.L. GILBERT TRUST	EDUCATIONAL ASSISTANCE	5,000.
SALVATION ARMY	COMMUNITY ASSISTANCE	500.
HOLE IN THE WALL GANG	COMMUNITY ASSISTANCE	230.
THE BUSHNELL	PERFORMING ARTS PROGRAMS	500.
THE ST. FRANCIS FOUNDATION	MEDICAL ASSISTANCE	500.

THE ENSIGN-BICKFORD FOUNDATION, INC.		06-6041097
SIMSBURY LAND CONSERVANCY PROJECT	COMMUNITY ASSISTANCE	500.
UCONN ATHLETIC DEVELOPMENT FUND	EDUCATIONAL ASSISTANCE	1,000.
LAHEY CLINIC	MEDICAL ASSISTANCE	550.
THE MASONIC CHARITY	COMMUNITY ASSISTANCE	1,500.
WILD CANID CENTER	COMMUNITY ASSISTANCE	100.
HEARTBEAT INTERNATIONAL	MEDICAL ASSISTANCE	2,000.
LEXINGTON CHRISTIAN ACADEMY	EDUCATIONAL ASSISTANCE	500.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	MEDICAL ASSISTANCE	200.
THE STUDENT CONSERVATION ASSOCIATION	EDUCATIONAL ASSISTANCE	1,500.
CONSERVATION LAW FOUNDATION	COMMUNITY ASSISTANCE	1,000.

THE ENSIGN-BICKFORD FOUNDATION, INC.		06-6041097
BIG BROTHERS/BIG SISTERS	COMMUNITY ASSISTANCE	1,500.
PAWS CHICAGO	COMMUNITY ASSISTANCE	1,000.
AVON DOLLAR FOR SCHOLARS	EDUCATIONAL ASSISTANCE	500.
SHS - SENIOR CELEBRATION	EDUCATIONAL ASSISTANCE	500.
EGHS PROJECT FUNDRAISER	EDUCATIONAL ASSISTANCE	500.
ARCH STREET TEEN CENTER	COMMUNITY ASSISTANCE	1,000.
AMERICAN CANCER SOCIETY	MEDICAL RESEARCH	1,000.
CALEB WHITE - READ	COMMUNITY ASSISTANCE	1,000.
HUNTINGTON THEATER COMPANY	PERFORMING ARTS PROGRAMS	3,000.
HARTFORD FRIENDSHIP KIDS CAMP	COMMUNITY ASSISTANCE	3,000.

<u>THE ENSIGN-BICKFORD FOUNDATION, INC.</u>		06-6041097
SIMSBURY A BETTER CHANCE	COMMUNITY ASSISTANCE	2,500.
HABITAT FOR HUMANITY	COMMUNITY ASSISTANCE	2,500.
RPI - AML PROGRAM	EDUCATIONAL ASSISTANCE	2,500.
CT CHAPTER OF MS	MEDICAL RESEARCH	1,500.
MASSACHUSETTS PREMIER SOCCER LEAGUE	COMMUNITY ASSISTANCE	3,500.
Total to Form 990-PF, Part XV, line 3a		<u>200,179.</u>

Substantial Contributors During 2009:

Part VII-A Line 10

Name:

Ensign-Bickford Industries, Inc. & Subsidiaries

Address:

125 Powder Forest Drive
P.O. Box 7
Simsbury, CT 06070-0007

EIN:

06-0876668

THE ENSIGN-BICKFORD FOUNDATION, INC.
EIN#: 06-6041097
12/31/2009

Part VII-B Line 1a (2)

Erroneous payments were made on behalf of a disqualified person during 2006, 2007, 2008 and 2009. Upon discovery the errors were immediately repaid with interest.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE ENSIGN-BICKFORD FOUNDATION, INC.	Employer identification number 06-6041097
	Number, street, and room or suite no. If a P.O. box, see instructions 125 POWDER FOREST DR. P.O. BOX 7	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SIMSBURY, CT 06070	

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

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

- The books are in the care of ► **RICHARD ROBERTS**

Telephone No ► **860-843-2334**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2009 or
 - ☐ tax year beginning, 20, and ending, 20

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 100
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 100.00

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)

ISA

- 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 File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

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 ▶ _____
Telephone No. ▶ _____ 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 _____, 20____.
- 5 For calendar year _____, 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 _____

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

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 ▶ _____

Date ▶ _____