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Form **990-PF**

Department of the Treasury

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.

Inter	nal Re	venue Service	Note. The for	indation may	be able to use a copy of this	return to satisfy s	state repo	rting requirements.	
For	caler	ndar year 2010, or tax y	year beginning			, and endin	ng		
G (heck	all that apply:	Initial retur	n	Initial return of a fo	rmer public chari	ty	Final return	
			Amended r	eturn	Address chan	ge		Name change	
Na	me of	foundation						A Employer identification	number
1									
		THE ENSIG	GN-BICK	FORD F	OUNDATION, I	NC.		06-6041097	
Nur	nber a	and street (or P O box numb	per if mail is not de	elivered to street	address)	Roo	om/suite	B Telephone number	
1		125 POWDI	ER FORE	ST DR.	P.O.BOX 7			860-843-23	88
Cit	y or t	own, state, and ZIP cod	е					C if exemption application is pe	ending, check here
-		SIMSBURY	, CT 0	6070				D 1. Foreign organizations	, check here
H (Check	type of organization:	X Sectio	n 501(c)(3) ex	cempt private foundation			Foreign organizations mee check here and attach cor	eting the 85% test, putation
] Se	ection 4947(a)(1) nonex	empt charitable	e trust 🔲	Other taxable private founda	ition		E if private foundation stat	
I Fa	air ma	arket value of all assets	at end of year	J Accounts	ng method: X Cash	Accrual		under section 507(b)(1)(
(fi	rom i	Part II, col (c), line 16	5)	o	ther (specify)			F If the foundation is in a 6	O-month termination
	\$		5,044.	(Part I, colu	mn (d) must be on cash l	basis)		under section 507(b)(1)(
Pa	art I	Analysis of Revenue (The total of amounts in c	and Expenses		(a) Revenue and	(b) Net investi	ment	(c) Adjusted net	(d) Disbursements
		necessarily equal the ame	ounts in column (a	iu (a) may not a))	expenses per books	income		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gr	ants, etc., rece	ved	283,581.				
	2	Check I if the found	lation is not required t						
	3	Interest on savings and ter cash investments	mporary						
	4	Dividends and interest	from securities	6					
	5a	Gross rents							
	Ь	Net rental income or (loss)				í			
40	6a	Net gain or (loss) from sale	of assets not on	line 10					
Ž	b	Gross sales price for all assets on line 6a			,				
Revenue	7	Capital gain net income (fro	om Part IV, (ine 2)				0.		
Œ	8	Net short-term capital	gaın						
	9	Income modifications							
	10a	Gross sales less returns and allowances	1						
	Ι.	Less Cost of goods sold							
	C	Gross profit or (loss)							
	11	Other income			5,009.		0.		Statement 1
	12	Total. Add lines 1 thro	ough 11		288,590.		0.	9.	
	13	Compensation of officers,	directors, trustees	s, etc	0.		0.	0.	0.
	14_	Other employee salarre	s and wages						
'n		Person-pans emplo	eelbenefits						· <u>-</u>
enses	16a	Legal fees	ြဲမွှု	mt 2					
	\ <u>}</u>	Accounting fees 2 2	011 195	mt 2	2,230.		0.	0.	2,230.
ŭ	1 8	Other professional fees	s"						
ti.	174	Unterest in Table							
Operating and Administrative Exp	18	Taxes GDEN.		mt 3	100.		0.	0.	0.
inis		Depreciation and deple	etion		 				
Ē	20	Occupancy							
Þ	21	Travel, conferences, ar	_						
Ę	22	Printing and publicatio							
gu	23	Other expenses		mt 4	60.		0.	0.	60.
rat	24	Total operating and a			2 200		^	0.	2 200
ŏ		expenses. Add lines 1	•		2,390.		0.	0.	2,290. 283,870.
_		Contributions, gifts, gr			y 203,0/U·	···			403,070.
	26	Total expenses and d	isoursements.		206 260		0.	0.	206 160
	-	Add lines 24 and 25	10:		286,260.		υ.	0.	286,160.
	l .	Subtract line 26 from I			2 220				
		Excess of revenue over exp	•		2,330.		0.		
	ı	Net investment incom	-		-		- 0 •	9.	
0235 12-0		Adjusted net income (LHA For Paperwork			the instructions			9.	Form 990-PF (2010)
12-0	r-10	THY LOLLSheimou	v mennemen vir vir	. 1101100, 300	are menuchana.				(2010)

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orm 990-PF (2010) THE ENSIGN-BICKFORD FO	Beginning of year	End o	6041097 Page
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	2,714.	5,044.	5,044
2 Savings and temporary cash investments	2,713	3,044.	
3 Accounts receivable			<u> </u>
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	1		
7 Other notes and loans receivable Less: allowance for doubtful accounts	- ·		
	 		
9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations	-		
b Investments - corporate stock			
c Investments - corporate bonds			
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)	2,714.	5,044.	5,044
16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses	2,112.		2,044
18 Grants payable	 		
19 Deferred revenue	 		
	 		
21 Mortgages and other notes payable 22 Other liabilities (describe ▶	\ 		
22 Other habilities (describe	′ 		
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117. check here			
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted	1		
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 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances			
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	2,714.	5,044.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	0.1	0.	
30 Total net assets or fund balances	2,714.	5,044.	
Journal net assets of fund balances		3,011.	
31 Total liabilities and net assets/fund balances	2,714.	5,044.	
Part III Analysis of Changes in Net Assets or Fund			
Total net assets or fund balances at beginning of year - Part II, column (a), lii			
(must agree with end-of-year figure reported on prior year's return)	IC 30	.	2 711
Enter amount from Part I, line 27a		1 2	2,714 2,330
Other increases not included in line 2 (itemize)		3	2,330
Add lines 1, 2, and 3	 	——— 3	5.044

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5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5,044.

(a) List and describe	the kind(s) of property sold (e.gouse; or common stock, 200 she	., real estate,	t income	(b)	How a - Purc - Don	equired hase ation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NONE									
<u>c</u>				┞					
<u>d</u>	 			-				-	
<u>e</u>	(f) Depreciation allowed	(a) Co	st or other basis	┷			/b\ (Coin or (loss)	
(e) Gross sales price	(or allowable)		expense of sale					Sain or (loss) s (f) minus (
<u>a</u>				\dashv					
b c		 		\dashv					
d									
е									
Complete only for assets showing ga	in in column (h) and owned by	the foundation	n on 12/31/69					Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), if any			COI		not less thar (from col. (I	
a									
b									
<u> </u>				_					
d e									
Е	C 16	L	7	╮┤					
2 Capital gain net income or (net capital	loss) { If gain, also enter lf (loss), enter -0-			$ \cdot $	2				
3 Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, colu		id (6):		اړ					
If (loss), enter -0- in Part I, line 8	er Section 4940(e) for			Л	3				
If section 4940(d)(2) applies, leave this p Was the foundation liable for the section If "Yes," the foundation does not qualify u Tenter the appropriate amount in each	4942 tax on the distributable am nder section 4940(e). Do not co	mplete this pa	irt.					·	Yes X No
(a)	(b)			(c)			T	B - 1 - 1	(d)
Base periód years Calendar year (or tax year beginning in		tributions	Net value of no	nchar	ıtable-	use assets		Distribi (col. (b) divi	ition ratio ded by col. (c))
2009		2,427.				4,083			14.373855
2008		1,994.				8,299			9.964804
2007		9,229. 4,636.				2,512 6,262			8.920517
2006 2005		0,522.				0,20 <u>2</u> 0,298			.629344
		<u> </u>				0,250	+		.110507
2 Total of line 1, column (d)							2		34.299427
3 Average distribution ratio for the 5-year	ar base period - divide the total o	on line 2 by 5,	or by the number	of yea	ars				
the foundation has been in existence i	fless than 5 years						3		6.859885
4 Enter the net value of noncharitable-us	se assets for 2010 from Part X, I	ine 5					4		30,315.
5 Multiply line 4 by line 3							5		207,957.
6 Enter 1% of net investment income (1	% of Part I, line 27b)						6		0.
7 Add lines 5 and 6							7		207,957.
8 Enter qualifying distributions from Par	t XII, line 4						8		286,160.
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	6 tax r	ate.			

Form 990-PF (2010) THE ENSIGN-BICKFORD FOUNDATION	N, INC.	06-604			Page 4
Part VI Excise Tax Based on Investment Income (Section 494		r 4948 - see	instru	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and €		1			
Date of ruling or determination letter: (attach copy of letter if ne	cessary-see instructions)				_
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1%	1			0.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Part I, line 12, col. (b). ノ				_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. 0	Others enter -0-)	2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 Credits/Payments:	1.1				
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	⊣ ∣ ∣			
b Exempt foreign organizations - tax withheld at source	6b	_			
c Tax paid with application for extension of time to file (Form 8868)	6c	→			
d Backup withholding erroneously withheld	6d	 			^
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ا سید برما	10		-	
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunded) 11			
Part VII-A Statements Regarding Activities	alation or did it northerests or inten		· _ · · · · ·	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	siation of the it participate of littery	rene in	1a	163	X
any political campaign?	ocac (can instructions for definition	13	1b	\vdash	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpoint the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an			 	<u> </u>	A
	o copies of arry materials publi	SHEG UI			i
distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year?			10		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	D //03t.				 ^
(1) On the foundation. > \$ 0 • (2) On foundation managers		0.			l
e Enter the reimbursement (if any) paid by the foundation during the year for political expend					l
managers. > \$ 0.	mare tax imposes on roundation				[
2 Has the foundation engaged in any activities that have not previously been reported to the l	IRS?		2		х
If "Yes," attach a detailed description of the activities			<u> </u>		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation	on, or		İ	İ
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		ŕ	3	l '	х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	7		5		X
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:				
 By language in the governing instrument, or 				1	
 By state legislation that effectively amends the governing instrument so that no mandato 	ry directions that conflict with the	state law			
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
If "Yes," complete Part II, col. (c), and Part XV.					
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) >		.		
СТ			.		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation			8b	Х	ļ
9 Is the foundation claiming status as a private operating foundation within the meaning of so		calendar			
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," of		a	9	L	X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sched	ule listing their names and addresses	Stmt 5	10	Х	

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Part VIII . Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	·	D 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the etc.	Expenses
1N/A		
		0.
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	l and 2.	Amount
1N/A		
2		
-		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see 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	0.
	Average of monthly cash balances	1b	<u> </u>
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	30,777.
	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	30,777.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	462.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	30,315.
6	Minimum investment return. Enter 5% of line 5	6	1,516.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	1,516.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2¢	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,516.
4	Recoveries of amounts treated as qualifying distributions	4	5,000.
5	Add lines 3 and 4	5	6,516.
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	6,516.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		206 160
a		1a	286,160.
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:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	206 160
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	286,160.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	286,160.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

4940(e) reduction of tax in those years.

Part XIII. Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				6,516.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				<u> </u>
,,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 79,507.				
b From 2006 53,636.				
c From 2007 357, 229.				
dFrom 2008 267,994.				
eFrom 2009 202,518.	060 004			
1 Total of lines 3a through e	960,884.			
4 Qualifying distributions for 2010 from Part XII, line 4: ▶\$ 286, 160.				
			0.	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	286,160.			
(clection required - see instructions)	200,100.			0.
d Applied to 2010 distributable amount	0.			0.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010	6,516.			6,516.
(If an amount appears in column (d), the same amount must be shown in column (a))	0,3100			70201
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,240,528.			
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		0		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2011 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 2005				
not applied on line 5 or line 7	72,991.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	1,167,537.			
10 Analysis of line 9:				
a Excess from 2006 53,636.				
b Excess from 2007 357, 229.		;		
c Excess from 2008 267,994.				
dExcess from 2009 202,518.			+	
e Excess from 2010 286, 160.				
	** See State	ment 7		Form 990-PF (2010)

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information				
Grants and Contributions Paid During the \ Recipient	If recipient is an individual.		T	
Name and address (home or business)	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
a Paid during the year	or substantial contributor	recipioni		
		}		
		<u> </u>		
		1		
		ļ		
		ļ		
	1	i		
	1			
				:
See Statement 9	<u> </u>			
Total	<u> </u>	Τ	<u>▶ 3a</u>	283,870
b Approved for future payment		li .		
	1	,		
None		}		
	ĺ	[
		ĺ		
	1			
7-1-1	<u> </u>	L		
Total 3611 12-07-10	 		▶ 3b	orm 990-PF (20

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(See worksheet in line 13 instructions to verify calculations.)

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Part XVI-A Analysis of Income-Produc	ing Activitie	s			
nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
gross amounts amous sinorwise maleutes.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
b					
d					
e 1					
g Fees and contracts from government agencies			-+		
2 Membership dues and assessments 3 Interest on savings and temporary cash	 				
investments	l i		14		
4 Dividends and interest from securities					· · · · · · · · · · · · · · · · · · ·
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					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory	<u></u>				
1 Other revenue: a CREDIT FOR VOIDED CHECK					5,000.
b IRS REFUND					9.
d			++		
e					
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>	(0.	0.	5,009. 5,009.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). 11a Voided Contribution Check excluded from gross income. 11b Refund of Excise Tax excluded from gross income.

Form 990	-PF (2010) THE E	ENSIGN-BICKFORD	FOUNDATION,	INC.	06-6041097	Page 13
Part X		egarding Transfers To	and Transactions ar	nd Relationships V	Vith Noncharitable	
	Exempt Organ					
		rectly engage in any of the followi			c) of Ye:	s No
	·	c)(3) organizations) or in section 5		zations?		
a Tran	sfers from the reporting found	lation to a noncharitable exempt or	ganization of:			
(1)	Cash				1a(1)	X
(2)	Other assets				1a(2)	Х
b Othe	er transactions:					
(1)	Sales of assets to a noncharita	able exempt organization			1b(1)	X
(2)	Purchases of assets from a no	oncharitable exempt organization			1b(2)	X
(3)	Rental of facilities, equipment,	or other assets			1b(3)	Х
(4)	Reimbursement arrangements	3			1b(4)	X
(5)	Loans or loan guarantees				1b(5)	X
(6)	Performance of services or mo	embership or fundraising solicitati	ons		1b(6)	X
		ailing lists, other assets, or paid en			1c	X
		"Yes," complete the following sch				
or s	ervices given by the reporting (foundation. If the foundation receiv	ed less than fair market value	e in any transaction or shari	ng arrangement, show in	
colu		other assets, or services received				
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfe	rs, transactions, and sharing arranger	nents
		N/A		ļ		
				<u> </u>		
				<u></u>		
				<u> </u>		
				<u> </u>		
ın se	ection 501(c) of the Code (othe	ctly affiliated with, or related to, one or than section 501(c)(3)) or in sec	· · · ·	ations described	Yes [X No
<u>b</u> If "Y	es," complete the following sch		Tare /			
	(a) Name of or	ganization	(b) Type of organization	(c) Desc	ription of relationship	
	N/A					
				-		
			1			
	Til a second	re that I have examined this return, inclu-	due essembles and	etatements, and to the best of	ny knowledge and hallet it is this as	
٥:	and complete Peclaration of prep	re that I have examined this return, including for fother than taxpayer or fiduciary) is t	pased on all information of which p	reparer has any knowledge	ily knowledge and belief, it is title, to	1601,
Sign	1 Allander Di	Strot	1 2/21	/ ./ ~	esident	
Here	Signature of officer as to	VILL			2010(01)1	
	Signature of officer or tr			Date Check	if PTIN	
	Print/Type preparer's n	h _	•	1 22/4 22	— П	
Doid	Christel K	iefer (/h./	stel Kute	\$\$/30/11	D0055528	Λ

860-725-3000 Form **990-PF** (2010)

Firm's EIN

Phone no.

Use Only

Preparer Firm's name ► DELOITTE TAX LLP

Firm's address ► CITY PLACE I, 32ND FLOOR HARTFORD, CT 06103-3402

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

2010

Name of the organization

Employer identification number

THE ENSIGN-BICKFORD FOUNDATION, INC. 06-6041097 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 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 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 II. 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, chantable, 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, chantable, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

THE ENSIGN-BICKFORD FOUNDATION, INC.

06 - 6041097

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ENSIGN-BICKFORD INDUSTRIES, INC. 125 POWDER FOREST DR. SIMSBURY, CT 06070	\$ 283,581.	Person X 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
		- \$	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
		- - - -	Person Payroli 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
			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
			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
023452 12-2		Schedule R (Form	Person Payroll Noncash (Complete Part II if there Is a noncash contribution) 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE ENSIGN-BICKFORD FOUNDATION, INC.

06-6041097

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	990, 990-EZ, or 990-PF) (20

Name of org	ganization		Employer identification nu	ımber	
THE EI	· NSIGN-BICKFORD FOUNDATI	ON, INC.	06-6041097		
Part'lli	Exclusively religious, charitable, etc., in	ndividual contributions to secti e columns (a) through (e) and the ous, chantable, etc., contribution	tion 501(c)(7), (8), or (10) organizations aggregatin he following line entry. For organizations completing ons of s.) > \$	ng	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	ld	
Ī		(e) Transfer of gi	jift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	ld	
		(e) Transfer of gi	:44		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	ld	
					
		(e) Transfer of gi			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	ld	
					
-		(e) Transfer of git	eift		
	Transferee's name, address, a		Relationship of transferor to transferee		
Ţ					

Form 990-PF	Other 1	Income		Statement 1
Description		(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
CREDIT FOR VOIDED CHECK IRS REFUND	_	5,000. 9.	0.	0.
Total to Form 990-PF, Part I,	line 11 =	5,009.	0.	9.
Form 990-PF	Account	ing Fees		Statement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment 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	Тах	kes		Statement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income		
FEDERAL TAXES	100	. 0	. 0	. 0.
To Form 990-PF, Pg 1, ln 18	100	. 0	. 0	0.
Form 990-PF	Other 1	Expenses		Statement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
BANK CHARGES	60	. 0	• 0	. 60.
To Form 990-PF, Pg 1, ln 23	60	. 0	. 0	. 60.
		= =====================================	= =	=

Form 990-PF	ist of Substantial Contributors Part VII-A, Line 10	Statement	5 ——
Name of Contributor	Address		
ENSIGN-BICKFORD INDUSTR	125 POWDER FOREST DR. SIMSBURY, CT 06070		

Form 990-PF Part VIII - List of Officers, Directors Trustees and Foundation Managers				Statement 6	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
JOAN D. LOVEJOY 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	CHAIRWOMAN 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 53.4942(a)-3(d)(2) to Treat	Statement	7
•	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.

Grant Application Submission Information Statement Form 990-PF Part XV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted

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

Telephone Number Name of Grant Program

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 St Paid During the Year	atement 9
Recipient Name and Address	Recipient Relationship Recipien and Purpose of Grant Status	
FAIRFIELD COUNTY SPORTS COMMISSION	COMMUNITY ASSISTANCE	7,000.
ST. FRANCIS HOSPITAL	MEDICAL ASSISTANCE	5,000.
HABITAT FOR HUMANITY	COMMUNITY ASSISTANCE	5,000.
FAIRFIELD COUNTY SPORTS COMMISSION	COMMUNITY ASSISTANCE	1,000.
CT SCIENCE CENTER	COMMUNITY ASSISTANCE	10,000.
BOSTON CONSERVATORY	EDUCATIONAL ASSISTANCE	10,500.
MADISONVILLE COMMUNITY COL	LEGE EDUCATIONAL ASSISTANCE	10,000.
BOYS & GIRLS CLUBS OF BOST	ON COMMUNITY ASSISTANCE	10,000.

THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
HARTFORD HOSPITAL	MEDICAL ASSISTANCE	5,000.
FIRST ROBOTICS	COMMUNITY ASSISTANCE	9,500.
NASA PROJECT EAST HARTFORD	COMMUNITY ASSISTANCE	4,500.
DAV CHARITABLE TRUST	COMMUNITY ASSISTANCE	6,900.
FOR THE TROOPS	COMMUNITY ASSISTANCE	2,075.
MUHLENBERG COUNTY OPPORTUNITY	COMMUNITY ASSISTANCE	7,395.
CROSSROAD COOPERATIVE LEARNING PROGRAM	EDUCATIONAL ASSISTANCE	3,800.
APA OF MISSOURI	COMMUNITY ASSISTANCE	6,950.
CYSTIC FIBROSIS FOUNDATION	MEDICAL ASSISTANCE	10,000.
HEARTLAND HUMAINE SOCIETY	COMMUNITY ASSISTANCE	10,000.

THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
ST. LOUIS SENIOR DOG PROJECT	COMMUNITY ASSISTANCE	10,000.
STRAY RESCUE OF ST. LOUIS	COMMUNITY ASSISTANCE	12,000.
SUPPORT DOGS, INC.	COMMUNITY ASSISTANCE	6,000.
AURORA MAIN STREET BOARD	COMMUNITY ASSISTANCE	15,000.
EAMMANUEL'S TAILS	COMMUNITY ASSISTANCE	5,000.
SIMSBURY HISTORICAL SOCIETY	COMMUNITY ASSISTANCE	5,000.
SIMSBURY FREE LIBRARY	COMMUNITY ASSISTANCE	5,000.
ST. FRANCIS HOSPITAL	MEDICAL ASSISTANCE	5,000.
HARTFORD HOSPITAL FOUNDATION	MEDICAL ASSISTANCE	5,000.
O'NEILL THEATER CENTER	PERFORMING ARTS PROGRAMS	3,000.

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THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
THE UNITED WAY	COMMUNITY ASSISTANCE	10,000.
SIMSBURY LIGHT OPERA COMPANY	PERFORMING ARTS PROGRAMS	100.
MURRAY STATE UNIVERSITY	EDUCATIONAL ASSISTANCE	150.
ARGO SCHOLARSHIP FOUNDATION	EDUCATIONAL ASSISTANCE	100.
ETHEL WALKER SCHOOL	EDUCATIONAL ASSISTANCE	300.
ROCKNE HERITAGE FUND	COMMUNITY ASSISTANCE	150.
LIVING WATER INTERNATIONAL	COMMUNITY ASSISTANCE	250.
YMCA NEW BRITAIN	COMMUNITY ASSISTANCE	1,000.
MS SOCIETY	MEDICAL ASSISTANCE	100.
ST. JUDE'S CHILDREN'S HOSPITAL	MEDICAL ASSISTANCE	200.

THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
FOODSHARE	COMMUNITY ASSISTANCE	500.
JUNIOR ACHIEVEMENT OF SW N	COMMUNITY ASSISTANCE	2,000.
GOD'S STOREHOUSE	COMMUNITY ASSISTANCE	172.
MS CHALLENGE WALK	MEDICAL ASSISTANCE	100.
MS- RIDE THE VINEYARD	MEDICAL ASSISTANCE	125.
COVENENT HOUSE	COMMUNITY ASSISTANCE	200.
CYSTIC FIBROSIS FOUNDATION	MEDICAL RESEARCH	2,000.
NOTRE DAME - HENNIG	EDUCATIONAL ASSISTANCE	2,000.
4 PAWS FOR ABILITY, INC	COMMUNITY ASSISTANCE	425.
PAN-MASS CHALLENGE	COMMUNITY ASSISTANCE	150.

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THE ENSIGN-BICKFORD FOUNDATION	, INC.	06-6041097
AMERICAN CANCER SOCIETY	MEDICAL ASSISTANCE	100.
PAN-MASS CHALLENGE	COMMUNITY ASSISTANCE	100.
SIMSBURY LIGHT OPERA COMPANY	PERFORMING ARTS PROGRAMS	100.
DANA FARBER CANCER INSTITUE	MEDICAL ASSISTANCE	200.
THE MEADOWBROOK SCHOOL	EDUCATIONAL ASSISTANCE	2,000.
JIMMY FUND	MEDICAL ASSISTANCE	100.
SAUL MIROWITZ DAY SCHOOL	EDUCATIONAL ASSISTANCE	2,000.
LEUKEMIA & LYMPHOMA SOCIETY	MEDICAL ASSISTANCE	100.
JUVENILE DIABETES FOUNDATION	MEDICAL ASSISTANCE	100.
CHS CENTENNIAL MATCH	COMMUNITY ASSISTANCE	1,000.

THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
WEST HARTFORD EXCHANGE CLUB	COMMUNITY ASSISTANCE	500.
CALIFORNIA STATE POLYTECHNIC	EDUCATIONAL ASSISTANCE	160.
LOAVES & FISHES	COMMUNITY ASSISTANCE	1,000.
MARCH OF DIMES	MEDICAL ASSISTANCE	100.
PURDUE UNIVERSITY	EDUCATIONAL ASSISTANCE	100.
OHIO WESLEYAN UNIVERSITY	EDUCATIONAL ASSISTANCE	120.
KEVIN SCHULTZ - MILITARY DONATION	COMMUNITY ASSISTANCE	447.
AMERICAN CANCER SOCIETY	MEDICAL ASSISTANCE	255.
THE AMERICAN KIDNET FUND	COMMUNITY ASSISTANCE	1,500.
BRENT GAMBRELL MINISTRIES	COMMUNITY ASSISTANCE	2,000.

THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
WILBRAHAM & MONSON ACADEMY	EDUCATIONAL ASSISTANCE	2,000.
EMERGENCY AID ASSOCIATION	COMMUNITY ASSISTANCE	500.
GOODSPEED OPERA HOUSE	PERFORMING ARTS PROGRAMS	100.
TRINITY COLLEGE	EDUCATIONAL ASSISTANCE	100.
COVENENT HOUSE	COMMUNITY ASSISTANCE	200.
DANA-fARBER CANCER	MEDICAL ASSISTANCE	100.
WINSTED SOCCER ASSOCIATION	COMMUNITY ASSISTANCE	4,000.
UNIVERSITY OF ROCHESTER	EDUCATIONAL ASSISTANCE	100.
SPRINGFIELD PREGNANCY CARE CENTER	MEDICAL ASSISTANCE	1,000.
TURNSTALL MIDDLE SCHOOL	EDUCATIONAL ASSISTANCE	777.

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THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
HOPEWORKS	COMMUNITY ASSISTANCE	250.
THE TOWN THAT CARES	COMMUNITY ASSISTANCE	250.
THE GILBERT SCHOOL	EDUCATIONAL ASSISTANCE	800.
RINGGOLD FIRE DEPT	COMMUNITY ASSISTANCE	600.
UNH MINI BAJA TEAM	COMMUNITY ASSISTANCE	100.
OSWEGO STATE UNIVERSITY OF NEW YORK	EDUCATIONAL ASSISTANCE	1,000.
UCONN FOUNDATION	EDUCATIONAL ASSISTANCE	100.
HULL SCHOOL FOUNDATION	EDUCATIONAL ASSISTANCE	150.
PREBLE STREET	COMMUNITY ASSISTANCE	150.
GOOD SHEPHARD FOOD BANK	COMMUNITY ASSISTANCE	100.

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THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
HEBRON ACADEMY	EDUCATIONAL ASSISTANCE	100.
MAINE PUBLIC BROADCASTING	COMMUNITY ASSISTANCE	100.
TACOMA YOUTH CHORUS	PERFORMING ARTS PROGRAMS	2,000.
LEUKEMIA & LYMPHOMA SOCIETY	MEDICAL ASSISTANCE	100.
CATHOLIC RELIEF SERVICES	COMMUNITY ASSISTANCE	1,000.
BEVERLY HISTORICAL SOCIETY	COMMUNITY ASSISTANCE	500.
BEVERLY BOOTSTRAPS COMMUNITY SERVICES	COMMUNITY ASSISTANCE	1,000.
BOWDOIN COLLEGE	EDUCATIONAL ASSISTANCE	500.
FAMILY RESCUE CENTER	COMMUNITY ASSISTANCE	1,000.
DEMPSEY CANCER & WELLNESS	MEDICAL ASSISTANCE	175.

THE ENSIGN-BICKFORD FOUNDATION	, INC.	06-6041097		
MISSOURI STATE UNIVERSITY	EDUCATIONAL ASSISTANCE	100.		
VIRGINIA TECH FOUNDATION	EDUCATIONAL ASSISTANCE	100.		
LAHEY CLINIC	COMMUNITY ASSISTANCE	660.		
AMERICAN FOUNDATION FOR SUICIDE	COMMUNITY ASSISTANCE	500.		
CT SCIENCE CENTER	COMMUNITY ASSISTANCE	500.		
HOLIDAY HELPERS ASSOCIATION	COMMUNITY ASSISTANCE	151.		
LIVING WATER INTERNATIONAL	COMMUNITY ASSISTANCE	150.		
UNITED WAY- EBAD MATCH	COMMUNITY ASSISTANCE	150.		
SIMSBURY CELEBRATES 2010	COMMUNITY ASSISTANCE	2,000.		
AMERICARES- HAITI RELIEF	COMMUNITY ASSISTANCE	2,500.		

THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097	
AMERICAN RED CROSS- HAITI RELIEF	COMMUNITY ASSISTANCE	2,500.	
DOCTORS WITHOUT BORDERS	MEDICAL ASSISTANCE	2,500.	
BIG BROTHERS/BIG SISTERS	COMMUNITY ASSISTANCE	1,500.	
B.A.T.	COMMUNITY ASSISTANCE	3,000.	
AVON DOLLLARS FOR SCHOLARS	EDUCATIONAL ASSISTANCE	1,000.	
AMERICAN CANCER SOCIETY	MEDICAL ASSISTANCE	1,000.	
STERLING FAMILY DAY	COMMUNITY ASSISTANCE	1,833.	
HARTFORD FRIENDSHIP KIDS CAMP	COMMUNITY ASSISTANCE	3,000.	
BETH ISRAEL DEACONESS MEDICAL	MEDICAL ASSISTANCE	500.	
MCLEAN - GOLD TOURNAMENT	COMMUNITY ASSISTANCE	1,250.	

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THE ENSIGN-BICKFORD FOUNDATION,	INC.	06-6041097
HEARTBEAT INTERNATIONAL	COMMUNITY ASSISTANCE	2,500.
LEADERSHIP GREATER HARTFORD	COMMUNITY ASSISTANCE	2,500.
CT BRAIN TUMOR ALLIANCE	MEDICAL ASSISTANCE	1,000.
HARC AUCTION	COMMUNITY ASSISTANCE	1,000.
THE WOUNDED ARTIST PROJECT	COMMUNITY ASSISTANCE	1,500.
SIMSBURY CELEBRATES 2011	COMMUNITY ASSISTANCE	2,000.
BOSTON MEDICAL CENTER	MEDICAL ASSISTANCE	1,000.
HARVARD COLLEGE FUND	EDUCATIONAL ASSISTANCE	500.
ANIMAL RESCUE LEAGUE OF	COMMUNITY ASSISTANCE	500.
Total to Form 990-PF, Part XV, li	ne 3a	283,870.

• THE ENSIGN-BICKFORD FOUNDATION, INC. EIN# 06-6041097 12/31/2010

Part VII-B Line 1a (2)

Erroneous payments were made on behalf of a disqualified person during 2010. Upon discovery the errors were immediately repaid during 2010.

Form **8868** (Rev. January 2011)

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

			modification oddin total in			
• If you a	re filing for an Automatic 3-Month Extension, comple	te only P	art I and check this box		, >	· [X]
-	re filing for an Additional (Not Automatic) 3-Month Ex					
Do not co	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously fi	iled Fo	rm 8868.	
	c filing (e-file). You can electronically file Form 8868 if y					
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically file F	orm 8	868 to request an e	xtension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	nsfers .	Associated With Ce	rtain
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he ele	ctronic filing of this	form,
visit www.	irs gov/efile and click on e-file for Charities & Nonprofits) <u>. </u>				
Part I:	Automatic 3-Month Extension of Time	Only su	ibmit original (no copies needed).			
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-m	onth extension - check this box and con	nplete		
Part I only					>	. 🗀
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	n exter	nsion of time	
to me inco	ome tax returns.					
Type or	Name of exempt organization			Emp	loyer identification	number
print	MUE ENGION DIOVEODO EODADA	TTOM	TNC	١ ٫	C C041007	
File by the	THE ENSIGN-BICKFORD FOUNDAY			U	6-6041097	
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, s 125 POWDER FOREST DR. P.O. I		tions.			
Instructions	City, town or post office, state, and ZIP code For a for SIMSBURY, CT 06070	oreign add	dress, see instructions.			
		··· ·· · · · · · · · · · · · · · · · ·				·
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Application	on	Return	Application			Return
ls For		Code	ls For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-	BL	02	Form 1041-A			08
Form 990		03	Form 4720		······································	09
Form 990-		04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
······································	RICHARD ROBERTS	3				<u> </u>
• The bo	oks are in the care of 125 POWDER FORE	EST D	R. PO BOX 7 - SIMSBU	RY,	CT 06070	
Teleph	one No. ► 860-843-2334		FAX No. ▶		·	
If the o	rganization does not have an office or place of business	in the Ur	nited States, check this box			
If this is	s for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If the	s is fo	r the whole group. o	heck this
box 🕨 🗌	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.
1 rec	quest an automatic 3-month (6 months for a corporation					
			tion return for the organization named a		The extension	
is fo	r the organization's return for:	•				
▶[X calendar year 2010 or					
▶[tax year beginning	, an	d ending		•	
	-				-	
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I Fina	l retun	n	
	Change in accounting period					
	-					
3a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.			\$	0.		
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
	ising EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	f you are going to make an electronic fund withdrawal w		orm 8868, see Form 8453-EO and Form	8879-l	EO for payment inst	ructions
_HA Fo	or Paperwork Reduction Act Notice, see Instructions	•			Form 8868 (Re	v. 1-2011)
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