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

OMB No 1545-0052

2011

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 2011 or tax year beginning

, and ending

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) 125 POWDER FOREST DR. P.O. BOX 7	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 ☐
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ Foreign organizations meeting the 85% test, 2. 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 ☐
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 88.	J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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	175,000.			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	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				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	175,000.	0.	0.		
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				
	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 1	100.	0.	0.	100.
	24 Total operating and administrative expenses. Add lines 13 through 23	100.	0.	0.	100.
	25 Contributions, gifts, grants paid	179,856.			179,856.
26 Total expenses and disbursements. Add lines 24 and 25	179,956.	0.	0.	179,956.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-4,956.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			0.		

123501
12-02-11

LHA For Paperwork Reduction Act Notice, see instructions.

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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	5,044.	88.	88.
	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			
	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			
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)	5,044.	88.	88.	
Liabilities	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	5,044.	88.	
	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	5,044.	88.	
31 Total liabilities and net assets/fund balances	5,044.	88.		

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	5,044.
2 Enter amount from Part I, line 27a	2	-4,956.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	88.
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	88.

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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))
2010	286,160.	30,315.	9.439551
2009	202,427.	14,083.	14.373855
2008	281,994.	28,299.	9.964804
2007	379,229.	42,512.	8.920517
2006	104,636.	166,262.	.629344

2 Total of line 1, column (d)	2	43.328071
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	8.665614
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	14,710.
5 Multiply line 4 by line 3	5	127,471.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	127,471.
8 Enter qualifying distributions from Part XII, line 4 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.	8	179,956.

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	0.
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	0.
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	0.
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	2011 estimated tax payments and 2010 overpayment credited to 2011	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 attached	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	10	
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ☐ Refunded ☒	11	

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
1b 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
1c 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) ☐ <u>CT</u>		
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 2011 or the taxable year beginning in 2011 (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 Stmt 2

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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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		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**

16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? **Yes** **No**
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country **▶** **X**

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 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 2011?	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years ▶ _____, _____, _____	☐ Yes ☒ No	
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 2011 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 2011.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

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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)?

N/A

5b

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?

6b

X

If "Yes" to 6b, file Form 8870

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

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 3		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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(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

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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
	0.
2	
3	
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 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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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	14,934.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	14,934.
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	14,934.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	224.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,710.
6	Minimum investment return. Enter 5% of line 5	6	736.

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	736.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	736.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	736.
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	736.

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	179,956.
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	179,956.
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	179,956.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				736.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006	53,636.			
b From 2007	357,229.			
c From 2008	267,994.			
d From 2009	202,518.			
e From 2010	286,160.			
f Total of lines 3a through e	1,167,537.			
4 Qualifying distributions for 2011 from Part XII, line 4: ▶ \$	179,956.			
a Applied to 2010, 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) **	179,956.			
d Applied to 2011 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	736.			736.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,346,757.			
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 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				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 2006 not applied on line 5 or line 7	52,900.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,293,857.			
10 Analysis of line 9:				
a Excess from 2007	357,229.			
b Excess from 2008	267,994.			
c Excess from 2009	202,518.			
d Excess from 2010	286,160.			
e Excess from 2011	179,956.			

** See Statement 4

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Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient 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				
BOYS & GIRLS CLUBS OF BOSTON			COMMUNITY ASSISTANCE	10,000.
BUSHNELL-DARLING YEAR 1 OF 5			PERFORMING ARTS PROGRAMS	10,000.
SIMCITY ROBOTICS			COMMUNITY ASSISTANCE	7,000.
CT FIRST PROGRAM			COMMUNITY ASSISTANCE	5,000.
SIMSBURY HISTORICAL SOCIETY			COMMUNITY ASSISTANCE	5,000.
Total	See continuation sheet(s)			▶ 3a 179,856.
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 |
|--|-------|-----|----|
| <p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>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.</p> | | | |
| | 1a(1) | | X |
| | 1a(2) | | X |
| | | | |
| | 1b(1) | | X |
| | 1b(2) | | X |
| | 1b(3) | | X |
| | 1b(4) | | X |
| | 1b(5) | | X |
| | 1b(6) | | X |
| | 1c | | X |
| | | | |

[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		

**Sign
Here**

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

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below (see instr 1)?

☒ Yes ☐ No**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Christel Kiefer

Christel Kuge

2) 5/3/12

P00555280

Firm's name ► **DELOITTE TAX LLP**

Firm's EIN ▶ 86-1065772

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

Phone no. 860-725-3000

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2011

Name of the organization

THE ENSIGN-BICKFORD FOUNDATION, INC.

Employer identification number

06-6041097

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, 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) (2011)

Name of organization	Employer identification number
THE ENSIGN-BICKFORD FOUNDATION, INC.	06-6041097

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ENSIGN-BICKFORD INDUSTRIES, INC. 125 POWDER FOREST DR. SIMSBURY, CT 06070	\$ 175,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE ENSIGN-BICKFORD FOUNDATION, INC.

06-6041097

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
THE ENSIGN-BICKFORD FOUNDATION, INC.	06-6041097

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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 held

(e) Transfer of gift

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 held

(e) Transfer of gift

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 held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient 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
HABITAT FOR HUMANITY			COMMUNITY ASSISTANCE	5,000.
JUNIOR ACHIEVEMENT OF SW N			COMMUNITY ASSISTANCE	5,000.
SIMSBURY FREE LIBRARY			COMMUNITY ASSISTANCE	5,000.
BOSTON CONSERVATORY			EDUCATIONAL ASSISTANCE	10,500.
ETHYL WALKER SCHOOL			EDUCATIONAL ASSISTANCE	5,000.
THOMAS J. VALENTINE MEMORIAL			COMMUNITY ASSISTANCE	15,000.
STUDENT CONSERVATION ASSOCIATION			EDUCATIONAL ASSISTANCE	1,000.
IPRED			COMMUNITY ASSISTANCE	200.
ANIMAL WELFARE SOCIETY			COMMUNITY ASSISTANCE	100.
THE UNH FUND			EDUCATIONAL ASSISTANCE	100.
Total from continuation sheets				142,856.

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient 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
AMERICAN RED CROSS OF SOUTHE			MEDICAL ASSISTANCE	100.
SIMSBURY LAND CONSERVATION			COMMUNITY ASSISTANCE	100.
THE ETHEL WALKER SCHOOL			EDUCATIONAL ASSISTANCE	300.
WEST HARTFORD EXCHANGE CLUB			COMMUNITY ASSISTANCE	100.
AMERICAN INTERNATIONAL COLLEGE			EDUCATIONAL ASSISTANCE	500.
YMCA - FARMINGTON VALLEY			COMMUNITY ASSISTANCE	1,500.
ROYAL RIVER CONSERVATION TRUST			COMMUNITY ASSISTANCE	100.
CPTV			COMMUNITY ASSISTANCE	150.
ST. AUGUSTINE ALUMNI ASSOCIATION			EDUCATIONAL ASSISTANCE	125.
MODEST NEEDS FOUNDATION			COMMUNITY ASSISTANCE	330.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient 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
THE ROOT CELLAR			COMMUNITY ASSISTANCE	100.
BIG CITY MOUNTAINEERS			COMMUNITY ASSISTANCE	200.
LOAVES & FISHES			COMMUNITY ASSISTANCE	1,000.
RENAISSANCE VOICES			COMMUNITY ASSISTANCE	200.
LEUKEMIA & LYMPHOMA SOCIETY			MEDICAL ASSISTANCE	1,286.
BIG CITY MOUNTAINEERS			COMMUNITY ASSISTANCE	1,304.
FOUNDATION FOR WH PUBLIC SCHOOL			EDUCATIONAL ASSISTANCE	100.
NATIONAL MS SOCIETY			MEDICAL ASSISTANCE	806.
NOTRE DAME - HENNIG			EDUCATIONAL ASSISTANCE	2,000.
KENTUCK V.F.D			COMMUNITY ASSISTANCE	600.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient 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
SIMSBURY LIGHT OPERA COMPANY			PERFORMING ARTS PROGRAMS	100.
GOD'S PIT CREW			COMMUNITY ASSISTANCE	100.
FARMINGTON VALLEY CHORALE			COMMUNITY ASSISTANCE	1,000.
CONVENANT HOUSE			COMMUNITY ASSISTANCE	125.
CT RACE IN THE PARK-BHI			COMMUNITY ASSISTANCE	370.
AMERICAN CANCER SOCIETY			MEDICAL ASSISTANCE	100.
NAPERVILLE AREA HUMANE SOCIETY			COMMUNITY ASSISTANCE	658.
BRISTOL HOSPITAL			MEDICAL ASSISTANCE	150.
WHEELER PLAINVILLE YMCA			COMMUNITY ASSISTANCE	100.
HOUSE OF EMMAUS			COMMUNITY ASSISTANCE	300.
Total from continuation sheets				

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient 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
ST. JUDE'S CHILDREN'S HOSPITAL			MEDICAL ASSISTANCE	200.
LEXINGTON CHRISTIAN ACADEMY			EDUCATIONAL ASSISTANCE	1,000.
HEARTBEAT INTERNATIONAL			COMMUNITY ASSISTANCE	1,000.
AMERICAN CANCER SOCIETY			MEDICAL ASSISTANCE	100.
JUNIOR ACHIEVEMENT OF SW N			COMMUNITY ASSISTANCE	2,000.
UNIVERSITY OF HARTFORD			EDUCATIONAL ASSISTANCE	100.
VNA OF CENTRAL CT			COMMUNITY ASSISTANCE	250.
ST. LOUIS SYMPHONY			COMMUNITY ASSISTANCE	250.
MEADOWBROOK SCHOOL			EDUCATIONAL ASSISTANCE	2,000.
NATIONAL ALOPECIA AREATA FOUNDATION			MEDICAL ASSISTANCE	100.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient 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
NE WILDLIFE CENTER			COMMUNITY ASSISTANCE	456.
AMERICAN CANCER SOCIETY			MEDICAL ASSISTANCE	583.
ALLIED REHABILITATION CENTER			MEDICAL ASSISTANCE	1,000.
WILBRAHAM & MONSON ACADEMY			EDUCATIONAL ASSISTANCE	2,000.
PAN-MASS CHALLENGE			COMMUNITY ASSISTANCE	250.
BOY SCOUTS OF AMERICA-TROOP			COMMUNITY ASSISTANCE	200.
GOD'S PIT CREW			COMMUNITY ASSISTANCE	710.
ALZHEIMER'S ASSOCIATION OF ST.L			MEDICAL ASSISTANCE	100.
AMERICAN RED CROSS- JOPLIN R			MEDICAL ASSISTANCE	600.
LABS4RESCUE			COMMUNITY ASSISTANCE	500.
Total from continuation sheets				

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient 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
GIFT OF LOVE			COMMUNITY ASSISTANCE	320.
GATEWAY CREATIVE BROADCASTING			COMMUNITY ASSISTANCE	200.
LIVING WATER INTERNATIONAL			COMMUNITY ASSISTANCE	351.
ALZHEIMERS ASSOC.			MEDICAL ASSISTANCE	100.
ALS FOUNDATION			COMMUNITY ASSISTANCE	100.
NATIONAL MS SOCIETY			MEDICAL ASSISTANCE	100.
WEST HARTFORD EXCHANGE CLUB			COMMUNITY ASSISTANCE	250.
UCONN ATHLETIC DEVELOPMENT			COMMUNITY ASSISTANCE	1,000.
BUSHNELL ANNUAL FUND			COMMUNITY ASSISTANCE	500.
JIMMY FUND WALK			MEDICAL ASSISTANCE	100.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient 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
FOUNDATION FOR ADVANCEMENT			EDUCATIONAL ASSISTANCE	150.
J&M GABRIELE SCHOLARSHIP FUND			EDUCATIONAL ASSISTANCE	250.
FARMINGTON VALLEY VNA			COMMUNITY ASSISTANCE	100.
THE GIDEONS INTERNATIONAL			COMMUNITY ASSISTANCE	1,000.
LOYOLA ACADEMY			EDUCATIONAL ASSISTANCE	1,000.
CONVENANT HOUSE			COMMUNITY ASSISTANCE	100.
BEVERLY BOOTSTRAPS COMM. SVCS			COMMUNITY ASSISTANCE	750.
RIVER HOUSE			COMMUNITY ASSISTANCE	250.
BEVERLY HISTORICAL SOCIETY			COMMUNITY ASSISTANCE	500.
SEA EDUCATION ASSOCIATION			EDUCATIONAL ASSISTANCE	250.
Total from continuation sheets				

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient 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
HARBORLIGHT COMMUNITY PARTNERS			COMMUNITY ASSISTANCE	250.
AMERICAN KIDNEY FUND			MEDICAL ASSISTANCE	1,200.
ST. JUDE'S CHILDREN'S RESEARCH			MEDICAL ASSISTANCE	402.
TOWN THAT CARES			COMMUNITY ASSISTANCE	100.
PHILADELPHIA ZOO			COMMUNITY ASSISTANCE	2,000.
TIERRA LINDA SCHOOL PTA			EDUCATIONAL ASSISTANCE	100.
LOAVES & FISHES			COMMUNITY ASSISTANCE	1,000.
JIMMY FUND WALK			MEDICAL ASSISTANCE	377.
OHIO WESLEYAN UNIVERSITY			EDUCATIONAL ASSISTANCE	150.
FREEPORT ELDERS ASSOCIATION			COMMUNITY ASSISTANCE	250.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient 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
TRINITY COLLEGE			EDUCATIONAL ASSISTANCE	100.
AMERICAN SOCIETY FOR SUICIDE			MEDICAL ASSISTANCE	100.
UNIVERSITY OF ROCHESTER			EDUCATIONAL ASSISTANCE	100.
PREBLE STREET			COMMUNITY ASSISTANCE	100.
MAINE PUBLIC BROADCASTING			COMMUNITY ASSISTANCE	120.
GOOD SHEPARD FOOD BANK			COMMUNITY ASSISTANCE	100.
SPRINGFIELD PREGNANCY CARE CENTER			MEDICAL ASSISTANCE	1,200.
GOODSPEED OPERA HOUSE FONDATION			PERFORMING ARTS PROGRAMS	100.
LAHEY CLINIC			MEDICAL ASSISTANCE	620.
LITTLE DOLPHIN SCHOOL			EDUCATIONAL ASSISTANCE	1,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient 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
CITY OF MONTGOMERY			COMMUNITY ASSISTANCE	1,403.
SIMSBURY LIGHT OPERA COMPANY			PERFORMING ARTS PROGRAMS	100.
DEMPSEY CANCER & WELLNESS			MEDICAL ASSISTANCE	100.
SAVATION ARMY			COMMUNITY ASSISTANCE	100.
APX FAMILY FOUNDATION			COMMUNITY ASSISTANCE	500.
RPI - AML PROGRAM			COMMUNITY ASSISTANCE	2,000.
US COAST GUARD AUXILIARY			COMMUNITY ASSISTANCE	1,000.
THE COBB SCHOOL MONTESSOURI			EDUCATIONAL ASSISTANCE	2,000.
BIG BROTHERS/BIG SISTERS			COMMUNITY ASSISTANCE	1,500.
AMERICAN CANCER SOCIETY			MEDICAL ASSISTANCE	1,000.
Total from continuation sheets				

Part XV Supplementary Information**3** Grants and Contributions Paid During the Year (Continuation)

Recipient 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
HARTFORD FRIENDSHIP KIDS CAMP			COMMUNITY ASSISTANCE	3,000.
AVON DOLLAR FOR SCHOLARS			EDUCATIONAL ASSISTANCE	1,000.
CONSERVATION LAW FOUNDATION			COMMUNITY ASSISTANCE	2,000.
MCLEAN- GOLF TOURNAMANT			COMMUNITY ASSISTANCE	1,250.
HARC AUCTION			COMMUNITY ASSISTANCE	1,000.
THE MISSION CONTINUES			COMMUNITY ASSISTANCE	10,000.
FIVE ACRES ANIMAL SHELTER			COMMUNITY ASSISTANCE	5,000.
LOOSEN THE LEASH			COMMUNITY ASSISTANCE	5,000.
SNUGGLE			COMMUNITY ASSISTANCE	5,000.
SIMSBURY JUNIOR WOMEN'S CLUB			COMMUNITY ASSISTANCE	3,860.
Total from continuation sheets				

06-6041097

3 Grants and Contributions Paid During the Year (Continuation)Total from continuation sheets

Form 990-PF	Other Expenses			Statement	1
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
STATE FILING FEES	100.	0.	0.	100.	
To Form 990-PF, Pg 1, ln 23	100.	0.	0.	100.	

Form 990-PF	List of Substantial Contributors Part VII-A, Line 10	Statement	2
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Name of Contributor	Address
ENSIGN-BICKFORD INDUSTRIES	125 POWDER FOREST DR. SIMSBURY, CT 06070

Form 990-PF Part VIII - List of Officers, Directors Statement 3
 Trustees and Foundation Managers

Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
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	Statement	4
	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	5
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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

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.