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## Form **990-F'F**

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.

Department of the Treasury Internal Revenue Service

OMB NO 1545-0052
2012
Open to public inspection

		foundation		, and c	ioing	A Employer identification	number
war	ie oi	Toundation				Employer Identification	namoer
T	нЕ	ENSIGN-BICKFORD FOUNDA	TION, INC.			06-6041097	
		nd street (or P O box number if mail is not delivered to street			Room/suite	B Telephone number	
		POWDER FOREST DR. P.O	· ·			860-843-23	88
_		own, state, and ZIP code	DOA /			C If exemption application is p	
		SBURY, CT 06070				il exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a for	rmer nublic c	harity	D 1. Foreign organizations	check here
u c	HECK	Final return	Amended return	inici public c	inuity	b 1.1 Grough organizations	, chock here
		Address change	Name change			Foreign organizations me check here and attach co	eting the 85% test,
H (	heck	type of organization: X Section 501(c)(3) ex		<del></del>		1	
Ë	_		Other taxable private foundate	tion		E If private foundation sta under section 507(b)(1)	
I Fa	_	irket value of all assets at end of year   J   Accounting	<del></del>	Accr	ual	F If the foundation is in a	• • •
		· I	her (specify)			under section 507(b)(1)	
	\$		mn (d) must be on cash b	asis)			((5)), 6116611 11616
	rt I		(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	inco		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	300,000.				
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments			****	1	
	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		····			
Revenue	b	Gross sales price for all assets on line 6a					
eve	7	Capital gain net income (from Part IV, line 2)			0.		
Œ	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	300,000.		0.	0.	
	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.
	14	Other employee salaries and wages					
Ś	15	Pension plans, employee benefits				<del></del>	<del></del>
nses		Legal fees RECEI	MED				
ĝ			<del>                                     </del>				
Ü		Other professional fees Interest SUL 0 1	2013 0			<del> </del>	
Ĭ	1	Interest S JUL 0 1	9			<del>                                     </del>	<del> </del>
stra	18 19	A					
Operating and Administrative Expen	20	Depreciation and depletion Occupancy OCCUPANCY				<del> </del>	
퉏	21	Travel, conferences, and meetings					
ğ	22	Printing and publications					
g	23	Other expenses Stmt 1	431.		0.	0.	431.
ij	24	Total operating and administrative					331.
era		expenses. Add lines 13 through 23	431.		0.	0.	431.
o	25	Contributions, gifts, grants paid	297,420.			<del> </del>	297,420.
	26	Total expenses and disbursements.					
	- "	Add lines 24 and 25	297,851.		0.	0.	297,851.
	27	Subtract line 26 from line 12:		<del></del>		† — — — — — — — — — — — — — — — — — — —	1 22.,031.
		Excess of revenue over expenses and disbursements	2,149.				
		Net investment income (if negative, enter -0-)			0.		
	ì	Adjusted net income (if negative, enter -0-)				0.	
2235 12-0		LHA For Paperwork Reduction Act Notice, see	instructions.				Form <b>990-PF</b> (20/2)

P	art	Balance Sheets Attached schedules and amounts in the description	beginning of year	Elia di	·
느	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	88.	2,237.	2,237.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►	-		
		Less: allowance for doubtful accounts ▶			₹
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			53
	5	Grants receivable _	-		-
	l -	Receivables due from officers, directors, trustees, and other		, , ,	
	ľ	disqualified persons			
	٦,				<del></del>
	7	Other notes and loans receivable  Less: allowance for doubtful accounts			
	١.				<del></del>
Assets		Inventories for sale or use			
188	ı	Prepaid expenses and deferred charges			<del></del>
1		Investments - U.S. and state government obligations			<del> </del>
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		<u>-</u>	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			· · · · · · · · · · · · · · · · · · ·
		Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe >			
	'*	Canon associa (associator P			
	16	Tetal capeta (to be completed by all filers)	88.	2,237.	2 227
_		Total assets (to be completed by all filers)	00.	4,437.	2,237.
	ı	Accounts payable and accrued expenses			
	l l	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (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.			
ë	24	Unrestricted			
alances		Temporarily restricted			
ä	26	Permanently restricted			
Net Assets or Fund B	20	Foundations that do not follow SFAS 117, check here	<del></del>		
ᆵ		,			
<u></u>		and complete lines 27 through 31.	00	0 000	
ţs	27	Capital stock, trust principal, or current funds	88.	2,237.	
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ŢΑ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ž	30	Total net assets or fund balances	88.	2,237.	
_	31	Total liabilities and net assets/fund balances	88.	2,237.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
=					
		net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
		at agree with end-of-year figure reported on prior year's return)		1	88.
2	Enter	amount from Part I, line 27a		2	2,149.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add I	ines 1, 2, and 3		4	2,237.
5	Decr	eases 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, coli	имл (b), line 30	6	2,237.

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Form 990-PF (2012) <b>THE</b>	ENSIGN-BICKFOR	RD FOUND	ATION, I	NC.		0	6-604	1097 Page 3
	and Losses for Tax on							
(a) List and desc 2-story brick wa	ribe the kind(s) of property sold ( trehouse; or common stock, 200	e.g., real estate, shs. MLC Co.)		( <b>b)</b> How P - Pu D - Do	rchase   '`		acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NO	NE	-		-		-		
<u>C</u>		· · · · · · · · · · · · · · · · · · ·						
e e			<del></del>	<b>}</b>		<del></del>		
- (e) Gross sales price -	(f) Depreciation allowed (or allowable)	, , , ,	t or other basis xpense of sale				ain or (loss) s (f) minus (	
a								
<u>b</u>								
d		<del></del>		<del></del> -∤				
e								
	ng gain in column (h) and owned	by the foundation	on 12/31/69		(1) 6	Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		col. (I	k), but r Losses	not less than (from col. (	n -0-) <b>or</b> h))
a								
<u>b</u>								
	<u> </u>							
e								
2 Capital gain net income or (net ca	apital loss) { If gain, also e	nter in Part I, line r -0- in Part I, line	7	} 2				
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8		) and (6):		}				
	nder Section 4940(e)	or Reduced	Tax on Net	Invest	ment Inco	me		
(For optional use by domestic private If section 4940(d)(2) applies, leave t	·	on 4940(a) tax on	net investment ir	ncome.)				
Was the foundation liable for the sec	tion 4942 tax on the distributable	amount of any ye	ar in the base pe	rıod?				Yes X No
If "Yes," the foundation does not qua	lify under section 4940(e). Do no	t complete this pa	rt.		<del> </del>			
1 Enter the appropriate amount in (a)		ne instructions be	ore making any e			1		(d)
Base period years Calendar year (or tax year beginni		distributions	Net value of no		le-use assets 14 , 710 .		Distrib (col. (b) div	oution ratio rided by col. (c))
2011 2010		286,160.			$\frac{14,710.}{30,315.}$			9.439551
2009		202,427.			14,083.	<u> </u>		14.373855
2008		281,994.			28,299.	1		9.964804
2007		379,229.			42,512.			8.920517
2 Total of line 1, column (d)	F I I . I . I . I . I . I			_		2		54.932310
3 Average distribution ratio for the the foundation has been in existe		tal on line 2 by 5,	or by the number	of years		3		10.986462
4 Enter the net value of noncharital	ole-use assets for 2012 from Parl	X, line 5				4		42,810.
5 Multiply line 4 by line 3						_5		470,330.
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		0.

Enter the appropriate amount in each column for each year, see the instructions before Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions 179,956 2011 286,160 2010 2009 202,427 281,994 2008 379,229 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, of the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5 5 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 470,330. 8 Enter qualifying distributions from Part XII, line 4 297,851. 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.

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See the Part VI instructions.

Form **990-PF** (2012)

Form	9 <del>0</del> 0-PF		ENSIGN-BI							6041			Page 4
Pa	rt VI	Excise Tax Ba	sed on Investn	nent Incom	e (Section 4940	(a), 49	940(b), 4940(e	), or 4	948	- see i	nstru	ction	าร)
1a	Exempt	operating foundations	described in section 49	940(d)(2), check	here  and en	ter "N/A"	on line 1.	)					
	Date of	ruling or determination	letter:	(attac	h copy of letter if nece	essary-s	ee instructions)	1		İ			
b	Domest	tic foundations that mee	t the section 4940(e) r	equirements in F	Part V, check here 🕨	a	nd enter 1%	<b>)</b>	_1_				0.
	of Part	l, line 27b	•							-	~		
C	All othe	r domestic foundations	enter 2% of line 27b.	Exempt foreign o	organizations enter 4%	of Part I	l, line 12, col. (b).	J	1	1			_ ~
2	Tax und	der section 511 (domes	tıc section 4947(a)(1) t	rusts and taxabl	e foundations only. Oth	ners ente	er -0-)		2				0.
3	Add line	es 1 and 2							3				0 -
4	Subtitle	A (income) tax (domes	stic section 4947(a)(1)	trusts and taxab	le foundations only. Ot	hers ent	er -0-)		4				0~.
5	Tax bas	sed on investment inco	me. Subtract line 4 fro	m line 3. If zero	or less, enter -0-				5				0.
6	Credits/	Payments:							1	1			
а	2012 es	stimated tax payments a	and 2011 overpayment	credited to 2012	2	6a			1				
		foreign organizations -				6b			1	ļ			
		d with application for ex		Form 8868)		6c			1				
	•	withholding erroneous	-			6d							_
7		edits and payments. Ac	-		<b>-</b>				7				0.
8		ny <b>penalty</b> for underpay				hed			8				
9		e. If the total of lines 5 a		-					9	-			0.
10	•	yment. If line 7 is more		•	•		1.		10	<u> </u>			
11		ne amount of line 10 to			· 		Refun	ded 🕨	11	<u> </u>			
		A Statements			<del> </del>		<del> </del>					V	N-
18		the tax year, did the fou	indation attempt to infli	uence any nation	ial, state, or local legisl	ation or	did it participate or	intervene	n			Yes	
	• •	itical campaign?				,					1a		X
D		pend more than \$100 d				•					1b		X
		enswer is "Yes" to 1a				a copies	s of any materials	publish	ea or				
_		uted by the foundation		n the activities.							4.		v
		foundation file Form 1		(t 40F	F\						1c		<u> </u>
C		ne amount (if any) of tax			<ul><li>imposed during the foundation managers.</li></ul>			0.					
		the foundation. > \$				-	managed on founded		-				
		ne reimbursement (if an ers. <b>&gt;</b> \$	0 •	on during the ye	ai ioi political expeliuli	uie tax i	imposed on louildat	IUII					
9	_	foundation engaged in		not previouely	heen reported to the ID	900					2		Х
-		," attach a detailed d		-	been reported to the in	10:							
3		foundation made any o	•		IRS in its governing in	etrumer	nt articles of incorn	oration (	or				
•		, or other similar instrur					int, articles of incorp	oranon, t	<i>5</i> 1		3		х
4a		foundation have unrela									4a		X
		has it filed a tax return				•			N	/A	4b		
		ere a liquidation, termin		-	ction during the year?					•	5		X
		," attach the stateme											
6		requirements of section				her:							
		nguage in the governing			- ,								
	By sta	ate legislation that effec	tively amends the gove	erning instrumen	it so that no mandatory	directio	ons that conflict with	the state	e law				
		iin in the governing inst									6	Х	
7	Did the	foundation have at leas	t \$5,000 in assets at a	ny time during th	ne year?						7	X	
	If "Yes	," complete Part II, c	ol (c), and Part XV.										
8a		ne states to which the fo	oundation reports or wi	th which it is reg	istered (see instruction	1s) 🕨							
	CT	<del></del>											
b	If the ar	nswer is "Yes" to line 7,	has the foundation furi	nished a copy of	Form 990-PF to the At	torney G	General (or designat	e)					
		state as required by G									8b	X	
9		oundation claiming stat						i) for cale	endar				
		112 or the taxable year b								_	9		_X
10	Did any	persons become subs	tantial contributors dur	ing the tax year	If "Yes," attach a schedul	e listing th	heir names and addres	ses C	tmt	2	10	X	

Form **990-PF** (2012)

	990-PF (2012) THE ENSIGN-BICKFORD FOUNDATION, INC. 06-604	<u> 1097</u>		Page 5
Pa	rt 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)	11		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)	12		X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ RICHARD ROBERTS  Telephone no. ▶ 860 – 8		334	
-	Located at ► 125 POWDER FOREST DR. PO BOX 7, SIMSBURY, CT ZIP+4 ►0	6070		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
_	country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?  Yes X No	1 '		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	] '	:	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X 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 X 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 X No	i i		
	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)?	45		х
	Organizations relying on a current notice regarding disaster assistance check here	1b		
	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 2012?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- <del>''</del>		
_	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1	
	before 2012?			
	If "Yes," list the years  , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			ŀ
	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.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	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 2012.)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t	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 2012?	4b		X
	Fi	orm <b>990</b>	-PF(	2012)

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orm 990-PF (2012) THE ENSIGN-BICKFORD FOUN			06-60410	9/	Page 6
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					- 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	? -	Y	eš 🗶 No	- 1	_
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		ŀ		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No	i	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			7,515
the prevention of cruelty to children or animals?	-		es X No	l l	-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	· -			
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•		<b>▶</b>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?			es 🔲 No	- 1	-
If "Yes," attach the statement required by Regulations section 53 494		٠, ٠٠٠		- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				- 1	
a personal benefit contract?	pay premiums on		es X No	- 1	
•	organal hanafit contract?	II		6b	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	versonal benefit contract?		<b>}</b> -	00	<u> </u>
If "Yes" to 6b, file Form 8870	.h.ala.a.a.a.a.a.a.a		es X No	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L Y		<del>-</del> -	
b If "Yes," did the foundation receive any proceeds or have any net income attribution.				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation Ma	anagers, <del>n</del> igni	y		
List all officers, directors, trustees, foundation managers and their	compensation				
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	Evnence
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
	to position	`enter'-0-)'	compensation	allo	wances
	<u> </u>		<u> </u>		
G Gh-h					•
See Statement 3		0.	0.	ļ	<u> </u>
		i			
		Ì			
	]				
2 Compensation of five highest-paid employees (other than those inc		, enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation		wances
NONE					
	1				
		1			
	1		]		
	<del> </del>	1	1	<del></del>	
<del> </del>	1				
		<del> </del>	<del>-</del>	<b></b>	
	1				
	<del> </del>	<del> </del>	<del> </del>		
	1	}	1	}	
Total number of other employees paid over \$50,000	1	<del>   </del>	<u> </u>	L.——	0
Total number of other employees paid over \$50,000	<del></del>			000 5	<b>PF</b> (2012)
			Form	<b>ププリート</b>	- <b>r</b> - (2012)

Form 990-PF (2012) THE ENSIGN-BICKFORD FOUNDATION, INC.	06-604	:1097 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	ıly	
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 se	rvice	(c) Compensation
NONE		
None		<u> </u>
		<del></del>
		-:
	<del></del>	<del>-  </del>
<u>-                                      </u>		
	<del></del>	
## A P P P P P P P P P P P P P P P P P P		<b>▶</b> 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<del></del>	<b>▶</b>   0
	<del></del>	
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		
	<del></del>	0.
2	<del></del>	
3		
<u> </u>		
4		<del></del>
<b></b>	<del></del>	
	<del></del>	
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.	<del>1</del>	Amount
1 N/A		
	<del> </del>	
2		·
All other program-related investments. See instructions.	<del></del>	<del></del>
•		
3		
Total. Add lines 1 through 3		0.
10th And midd i allough o		Form <b>990-PF</b> (2012)
		OHIO 224 TE (2012)

Part X Minimum Investment Return (All domestic foundations must complete this part	. Foreign foundations, see	e 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	43,462.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	43,462.
e Reduction claimed for blockage or other factors reported on lines 1a and		-
1c (attach detailed explanation)	0.	-
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	43,462.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	652.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	42,810.
6 Minimum investment return. Enter 5% of line 5	6	2,141.
Part XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations check here and do not complete this part.)	foundations and certain	
1 Minimum investment return from Part X, line 6	1	2,141.
2a Tax on investment income for 2012 from Part VI, line 5		
b Income tax for 2012. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	2,141.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	2,141.
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	2,141.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1.1	297,851. 0.
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	297,851.
Program-related investments - total from Part IX-B	1b	<u> </u>
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 Surtability test (prior IRS approval required)	3a	· · · · · · · · · · · · · · · · · · ·
b Cash distribution test (attach the required schedule)	3b	- 005 054
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	297,851.
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	297,851.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether t	he foundation qualifies for th	e section

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Part XIII	Undistributed	Income	(see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	( <b>d)</b> 2012
1 Distributable amount for 2012 from Part XI,	00.700			
line 7	]			2,141
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:	-	-		-
,,		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 357, 229.				
bFrom 2008 267,994.				
c From 2009 202,518.				
dFrom 2010 286, 160.	1			
eFrom 2011 179,956.	1 202 057			
f Total of lines 3a through e	1,293,857.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ►\$ 297,851.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	<del></del>			<del></del>
c Treated as distributions out of corpus	297,851.			
(Election reduited - See monactions)	297,031.		<del></del>	0.
d Applied to 2012 distributable amount e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012	2,141.			2,141.
(if an amount appears in column (d), the same amount must be shown in column (a))	2,141.			2,141.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,589,567.			
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 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.		<del></del>	0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2013	<del></del>			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 2007	- 0.			
not applied on line 5 or line 7	355,088.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	1,234,479.		Ì	
10 Analysis of line 9:		<del></del>		<del></del>
a Excess from 2008 267,994.				
b Excess from 2009 202,518.	1			
c Excess from 2010 286,160.				
d Excess from 2011 179,956.				
e Excess from 2012 297,851.				
	** See Stater	ment 4		Form <b>990-PF</b> (2012)

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Form **990-PF** (2012)

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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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient_		-
a Paid during the year				
· -				
-				
ALZHEIMERS ASSOC.			MEDICAL ASSISTANCE	_
			<del> </del>	1
AMERICAN CANCER SOCIETY			MEDICAL ASSISTANCE	_
				6
AMERICAN KIDNEY FUND			MEDICAL ASSISTANCE	,
		-	<del> </del>	7
AMERICAN SOCIETY FOR SUICIDE			COMMUNITY ASSISTANCE	4,2
<del></del>		<del></del>	<del>                                     </del>	
AVON DOLLAR FOR SCHOLARS			COMMUNITY ASSISTANCE	
TYON DOLLAR TON BEHOLING			COMMONITY ASSISTANCE	1,0
Total See C	ontinuation shee	t(s)	<b>▶</b> 3a	297,4
Approved for future payment				
None				
			-	
Total		<u>L</u>	<b>▶</b> 3b	
		<del></del>		n <b>990-PF</b> (2

Part XVI-A	Analysis	of Income	-Producing	<b>Activities</b>
------------	----------	-----------	------------	-------------------

nter gross amounts unless otherwise indicated.	Unrelated	ousiness income		y section 512, 513, or 514	(e)
_	(a) Business	(b) Amount-	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Aillouill	code	Aillouilt	Tuncaon income
8	_				
b	_	<del></del>			
C	_				
d	_	• -			· · - · - · - · · · · · · · · · · ·
e					
f		-			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		·			
a Debt-financed property				- 1	
b Not debt-financed property					
6 Net rental income or (loss) from personal			<del></del>		
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					
1 Other revenue:					
a				Į.	
b					
С		<del>-</del>			
d					
е					
2 Subtotal Add columns (b), (d), and (e)		0	•	0.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	0
See worksheet in line 13 instructions to verify calculations.	)				<del>-</del>

#### 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).	
-		
223621	Form 990-PF (	

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

	•	rectly engage in any of the followin	• •	• •		<b>Yes</b>	No
		)(3) organizations) or in section 52		ations?	1 1	ľ	
	• •	ation to a noncharitable exempt or	ganization of:	-	1		X-
(1) (					1a(1)		X
	Other assets				1a(2)		<del>^</del>
	transactions:	his avamet arganization	• -		15/1)	Ì	X- >-
	Sales of assets to a noncharitat	ncharitable exempt organization			1b(1) 1b(2)		X
• •	Rental of facilities, equipment, (	· -			1b(3)		X
	Reimbursement arrangements				1b(4)		X
٠,	oans or loan guarantees				1b(5)		X
		mbership or fundraising solicitatio	ons		1b(6)		X
		iling lists, other assets, or paid em			10		X
				ays show the fair market value of the goods,		ts,	
				in any transaction or sharing arrangement, s			
colun		other assets, or services received.					
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and	sharing arra	ngeme	nts
		N/A					
	<u> </u>						
	<del></del>		<del></del>				
			<del></del>				
						··	
	<del></del>		·				
			····				<del></del>
			<del></del>				
2a Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described			
		r than section 501(c)(3)) or in sec		[	Yes	X	] No
	s," complete the following sch						
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relations	hip		
	N/A						
_		<b>`</b>					
		/		· · · · · · · · · · · · · · · · · · ·			
	nder penalties of perjury, I declare nd belief, it is true, correct, and con	that I have examined this return, includir mplets Declaration of preparer (other tha	ng accompanying schedules and st in taxpayer) is based on allrinforma		y the IHS di		
Sign <sup>1</sup> Here	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3		she	urn with the own below (s	see inst	r )?
'''	Sugnatura of officer or trustee		62713		X Yes	L	J No ▮
	Signature of officer or trustee Print/Type preparer's na		Date	Title Land Check   If   PTIN			
		· 171: 1	Julia Line	110/211 self- employed	> = W	201	~ _
Paid	ICHOY OSTE	yer (Ind	HIGHTALKS W	01/8/2014 3011 01111113300 1140	054	<i>3</i> 45	つつ
Prepar	er Firm's name ▶ DEL	OITTE TAX LLP	1 400 0 77 7	Firm's EtN ▶ 86-1	0657	72	
Use O	1	, , , , ,		THIII SERV P GG I			
	- L	TY PLACE I, 32N	D FLOOR	<del></del>			
		RTFORD, CT 0610		Phone no. 860-	725-3	300	0
					orm <b>990</b> -	_	

12-05-1

#### 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

2012

Name of the organization

Employer identification number

	THE ENSIGN-BICKFORD FOUNDATION, INC.	06-6041097	
Organization type (che	eck one):		~;;
Filers of:	_ Section:		•
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charatable trust <b>not</b> 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 foundation		
Note. Only a section 50  General Rule  X For an organiz	ion is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  O1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule and II.		ne
Special Rules	onpiete i alto i aliu ii.		
509(a)(1) and	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of t on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II		6
total contribut	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one colons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III.	entributor, during the year, educational purposes, or	
contributions f If this box is ch purpose. Do n	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one co- for use exclusively for religious, charitable, etc., purposes, but these contributions did not hecked, enter here the total contributions that were received during the year for an exclusion ot complete any of the parts unless the <b>General Rule</b> applies to this organization because table, etc., contributions of \$5,000 or more during the year	t total to more than \$1,000.  Sively religious, charitable, etc.,	
but it <b>must</b> answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedu" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Pareet the filing requirements of Schedule R (Form 990, 200, EZ, or 200, RE).	ale B (Form 990, 990-EZ, or 990-F art I, line 2 of its Form 990-PF, to	'F), )

Employer identification number

## THE ENSIGN-BICKFORD FOUNDATION, INC.

06-6041097

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional 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	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b></b> \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
223452 12-2	11-12	Schedule B (Forn	1990. 990-EZ. or 990-PF) (2012

**Employer identification number** 

## THE ENSIGN-BICKFORD FOUNDATION, INC.

06-6041097

(a)		(c)	~
No. from Part I	(b)  Description of noncash property given	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
_		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 12-21-12		Schodulo B (Form	 990, 990-EZ, or 990-PF) (2012)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor BEVERLY BOOTSTRAPS COMM. SVCS COMMUNITY ASSISTANCE 1,000. BEVERLY HISTORICAL SOCIETY COMMUNITY ASSISTANCE 750. BIG BROTHERS/BIG SISTERS COMMUNITY ASSISTANCE 3,000. BOSTON CONSERVATORY EDUCATIONAL ASSISTANCE 5,000. BOY SCOUTS OF AMERICA-TROOP COMMUNITY ASSISTANCE 200. BOYS & GIRLS CLUBS OF BOSTON COMMUNITY ASSISTANCE 5,000. BUSHNELL ANNUAL FUND COMMUNITY ASSISTANCE 500. CONSERVATION LAW FOUNDATION COMMUNITY ASSISTANCE 4,000. CONVENANT HOUSE COMMUNITY ASSISTANCE 200. CT FIRST PROGRAM COMMUNITY ASSISTANCE 500. 290,725. Total from continuation sheets

Foundation status of recipient	Purpose of grant or contribution  COMMUNITY ASSISTANCE	Amount
status of recipient		
	COMMUNITY ASSISTANCE	
	COMMUNITY ASSISTANCE	
	EDUCATIONAL ASSISTANCE	10,000
	COMMUNITY ASSISTANCE	
<del></del>		1,000
	COMMUNITY ASSISTANCE	
		5,000
	COMMUNITY ASSISTANCE	350
	COMMUNITY ASSISTANCE	530
	COMMUNITY ASSISTANCE	
		364.
	EDUCATIONAL ASSISTANCE	
		5,000.
	COMBINITARY A COTOMANOR	
	COMMUNITY ADDITIONCE	250.
	COMMUNITY ASSISTANCE	3,000.
		COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  EDUCATIONAL ASSISTANCE  COMMUNITY ASSISTANCE

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the	Year (Continuation)	· · · · · · · · · · · · · · · · · · ·		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
	-	-		
				- -
JUNIOR ACHIEVEMENT			COMMUNITY ASSISTANCE	4,70 <b>5</b> .
	-			
LIVING WATER INTERNATIONAL			COMMUNITY ASSISTANCE	
		-		750.
LOAVES & FISHES			COMMUNITY ASSISTANCE	
				2,000.
LOOSEN THE LEASH			COMMUNITY ASSISTANCE	6,100.
		<del></del>		
AMERICAN RED CROSS			community assistance	
		···		100.
LOYOLA ACADEMY			COMMUNITY ASSISTANCE	
				1,000.
MEADOWBROOK SCHOOL			DONG DY THE LOCATION OF	
ZEADONDROOK SCHOOL			COMMUNITY ASSISTANCE	1,500.
				-
NE WILDLIFE CENTER			COMMUNITY ASSISTANCE	
				600.
NOTRE DAME - HENNIG			COMMUNITY ASSISTANCE	
		•		2,000.
CTMCDITOV PDDD I TDDNOV				
SIMSBURY FREE LIBRARY			COMMUNITY ASSISTANCE	3,500.
Total from continuation sheets				<del></del>

3 Grants and Contributions Paid During the				
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	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient 		
				- <del>1</del>
IMSBURY HISTORICAL SOCIETY		·	MEDICAL ASSISTANCE	3,500
PECIAL OLYMPICS			EDUCATIONAL ASSISTANCE	2,500
et. JUDE'S CHILDREN'S HOSPITAL			COMMUNITY ASSISTANCE	300
THE GIDEONS INTERNATIONAL			COMMUNITY ASSISTANCE	1,000
EST HARTFORD EXCHANGE CLUB			COMMUNITY ASSISTANCE	550
			,	
A DOOR TO HOPE			COMMUNITY ASSISTANCE	2,006
ABC PROGRAM OF SIMSBURY			COMMUNITY ASSISTANCE	125
MERICAN HEART SSOCIATION-PHILADELPHIA, PA			COMMUNITY ASSISTANCE	100
ISCPA			COMMUNITY ASSISTANCE	100
AMERICAN RESCUE LEAGUE OF BOSTON		i	COMMUNITY ASSISTANCE	300

Part XV   Supplementary Information 3 Grants and Contributions Paid During the You				
Recipient	If recipient is an individual	Equadation	Purpose of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
		-		
ANNIE FISHER STEM MAGNET SCHOOL			COMMUNITY ASSISTANCE	
			<del> </del>	2,400
APAC			COMMUNITY ASSISTANCE	500
		······		500
ARGO SCHOLARSHIP FOUNDATION			COMMUNITY ASSISTANCE	200
ARTWORK FOR ABC PROGRAM			COMMUNITY ASSISTANCE	
MINOR TON ADD INCOME			COMMONITY ASSISTANCE	4,000
AURORA MAIN STREET BOARD			COMMUNITY ASSISTANCE	
				6,000
AVON FIRE DEPT			COMMUNITY ASSISTANCE	
				100
BARK MAINE			COMMUNITY ASSISTANCE	500
				300
BELMONT HILL SCHOOL			COMMUNITY ASSISTANCE	100
BISHOP LOUGHLIN MEMORIAL HS			COMMUNITY ASSISTANCE	
		<del></del>		125
BOSTON MEDICAL CENTER			COMMUNITY ASSISTANCE	
Total from continuation sheets		<del></del>		1,750

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient		Amount
•	-	_		٠ .
				•
CARROLL CENTER FOR THE BLIND			COMMUNITY ASSISTANCE	100.
		·		
COBB SCHOOL MONTESSORI			COMMUNITY ASSISTANCE	2,600.
CT FOREST AND PARK ASSOCIATION			COMMUNITY ASSISTANCE	3,453.
		<del></del>		3,433.
WOUNDED WARRIORS PROJECT			COMMUNITY ASSISTANCE	200
				300.
XAVIER HIGH SCHOOL			COMMUNITY ASSISTANCE	500
		· · · · · · · · · · · · · · · · · · ·		500.
CT SCIENCE CENTER			COMMUNITY ASSISTANCE	
				6,000.
CYSTIC FIBROSIS FOUNDATION			COMMUNITY ASSISTANCE	
			-	7,500.
DANA FARBER CANCER INSTITUTE			COMMUNITY ASSISTANCE	
				300.
DARTMOUTH COLLEGE FUND			COMMUNITY ASSISTANCE	
			<del> </del>	1,500.
DISABLED AMERICAN VETS			COMMUNITY ASSISTANCE	
Total from continuation sheets				100.

3 Grants and Contributions Paid During the Ye				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
	-	-		· -
OO SOMETHING NOW			COMMUNITY ASSISTANCE	10σ.
EMERGENCY AID ASSOCIATION			COMMUNITY ASSISTANCE	780.
emmaus			COMMUNITY ASSISTANCE	315.
				315.
FACS			COMMUNITY ASSISTANCE	650.
FARM VALLEY VISITING NURSE ASSOC			COMMUNITY ASSISTANCE	500.
FIDELCO			COMMUNITY ASSISTANCE	1,000.
FOLDS OF HONOR			COMMUNITY ASSISTANCE	500.
GILBERT SCHOOL			COMMUNITY ASSISTANCE	4,500.
GIRLS SCOUTS			COMMUNITY ASSISTANCE	175.
GOODSPEED MUSICALS			COMMUNITY ASSISTANCE	100
Total from continuation sheets	I			100.

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
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	-		· · · · · · · · · · · · · · · · · · ·
ORHAM FOOD PANTRY			COMMUNITY ASSISTANCE	
			<del> </del>	1,000
RANBY MEMORIAL HIGH			COMMUNITY ASSISTANCE	2,000
ARTFORD HOSPITAL			COMMUNITY ASSISTANCE	2,500
ARTFORD SYMPHONY ORCHESTRA			COMMUNITY ASSISTANCE	
				2,55
MARVARD BUSINESS SCHOOL			COMMUNITY ASSISTANCE	
				1,50
ARVARD COLLEGE FUND			COMMUNITY ASSISTANCE	75
				· ·
ARVARD UNIVERSITY			COMPANY AGGIGNAYOR	
ANTARA ONIVERSITI			COMMUNITY ASSISTANCE	750
EBRON ACADEMY			COMMUNITY ASSISTANCE	
				100
OMELESS ANIMAL RESCUE TEAM			COMMUNITY ASSISTANCE	_
			<del>                                     </del>	300
OTCHKISS FUND			COMMUNITY ASSISTANCE	100
Total from continuation sheets			1	

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<del></del>
HUNTINGDON THEATRE		·	COMMUNITY ASSISTANCE	1,500.
JOE KREISLER TEEN SHELTER AT PREBLE			COMMUNITY ASSISTANCE	
STR TREBUE			COMMUNITY ASSISTANCE	588.
JOY FM RADIO/GATEWAY CREATIVE BRDCST			COMMUNITY ASSISTANCE	
				210.
KRANNERT SCHOOL OF MANAGEMENT			COMMUNITY ASSISTANCE	100.
LAHEY CLINIC			COMMUNITY ASSISTANCE	845.
LYRIC MUSIC THEATER			COMMUNITY ASSISTANCE	200.
MAINE MEDICAL CENTER			COMMUNITY ASSISTANCE	
				100.
MEMORIAL SLOAN KETTERING			COMMUNITY ASSISTANCE	718.
MILTON ACADEMY			COMMUNITY ASSISTANCE	500,
MODEST NEEDS FOUNDATION			COMMUNITY ASSISTANCE	500
Total from continuation sheets	<u> </u>			600.

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the		,	<u> </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
	·	~		- -
				~
MONTGOMERY CITY ANIMAL SHELTER	• -		COMMUNITY ASSISTANCE	7,00 <b>5</b> .
		·		7,000.
мрви			COMMUNITY ASSISTANCE	
				100.
MS SOCIETY			COMMUNITY ASSISTANCE	
MS SOCIETY			COMMUNITY ASSISTANCE	1,300.
MS WALK			COMMUNITY ASSISTANCE	975.
		<del> </del>		
MULTIPLE SCHLEROSIS			COMMUNITY ASSISTANCE	
		\		100.
NEW BRITAIN MUSEUM OF ART			COMMUNITY ASSISTANCE	
				100.
NEWTON-WELLESLEY			COMMUNITY ASSISTANCE	750.
NORTHEAST ANIMAL SHELTER			COMMUNITY ASSISTANCE	100
				100.
O'NEILL THEATER CENTER			COMMUNITY ASSISTANCE	
				5,000.
OGMEDUTILE VIIIACE TERRAS			DOINGTHY AGGEGRANGE	
OSTERVILLE VILLAGE LIBRARY			COMMUNITY ASSISTANCE	850.
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of recipient any foundation manager contribution Name and address (home or business) or substantial contributor OUR PIECE OF THE PIE COMMUNITY ASSISTANCE 2,500. PINCHOT INSTITUTE COMMUNITY ASSISTANCE 10,000. PORTLAND PORPOISES SWIM CLUB COMMUNITY ASSISTANCE 100. PREBLE STREET COMMUNITY ASSISTANCE 100. RELAY FOR LIFE COMMUNITY ASSISTANCE 2,500. RESCATE COMMUNITY ASSISTANCE 3,000. RIDGELIELD COMMUNITY CENTER COMMUNITY ASSISTANCE 100. ROCA DEVELPOMENT CORP. COMMUNITY ASSISTANCE 313. RUSSEL SAGE COLLEGE COMMUNITY ASSISTANCE 1,500. WINDSOR LOCKS HIGH SCHOOL COMMUNITY ASSISTANCE 85. Total from continuation sheets

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contabbation	
		_		-
			1	
S MIROWITZ JEWISH COMM SCHL			COMMUNITY ASSISTANCE	
				2,000
SERV CORPS	· ·		COMMUNITY ASSISTANCE	
				5,000
THE STATE OF THE S				
IMSBURY BIKE TRAILS			COMMUNITY ASSISTANCE	5,000
				<u></u>
IMSBURY CELEBRATES 2012			COMMUNITY ASSISTANCE	
				2,00
IMSBURY FRIENDS OF MUSIC			COMMUNITY ASSISTANCE	
· · · · · · · · · · · · · · · · · · ·		<del> </del>		20
IMSBURY HIGH SCHOOL			COMMUNITY ASSISTANCE	
			SOLIONITI INSCIDIMEN	2,000
IMSBURY LAND TRUST			COMMUNITY ASSISTANCE	1,122
IMSBURY LIGHT OPERA COMPANY			COMMUNITY ASSISTANCE	_
				351
IMSBURY THEATER GUILD			COMMUNITY ASSISTANCE	
		<del></del>		75
IMSBURY TROJAN FOOTBALL & CHEER			COMMUNITY ASSISTANCE	
			COMMONTH ASSISTANCE	10
Total from continuation sheets				

Recipient   If recipient is an individual show any relationship to any foundation manager or substantial contributor   Foundation status of recipient   Community assistance    SIMSBURY WOMEN'S CLUB   COMMUNITY ASSISTANCE    SET FRANCIS HOSPITAL   COMMUNITY ASSISTANCE    If recipient is an individual foundation manager or substantial contributor   Foundation status of recipient   Community assistance    Foundation status of recipient   Community assistance    Community assistance    Community assistance    Community assistance    SQUADRON LINE SCHOOL   COMMUNITY ASSISTANCE    COMMUNITY ASSISTANCE	Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye	ar (Continuation)			
SKILLS USA  COMMUNITY ASSISTANCE  SMCC FOUNDATION  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  ST JORN EDUCATION FUND  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE	<del></del>	If recipient is an individual,	F- 111	D	
SHILLS USA  COMMUNITY ASSISTANCE  SHILLS USA  COMMUNITY ASSISTANCE		show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
SKILLS USA  COMMUNITY ASSISTANCE					
EXILLS USA  COMMUNITY ASSISTANCE					
EMCC FOUNDATION  COMMUNITY ASSISTANCE				COMMUNITY ASSISTANCE	3,860
MCC FOUNDATION  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  T JOHN EDUCATION FUND  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE					
COMMUNITY ASSISTANCE	SKILLS USA			COMMUNITY ASSISTANCE	5,000
O WINDSOR HIGH  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  T FRANCIS HOSPITAL  COMMUNITY ASSISTANCE  T JOHN EDUCATION FUND  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE					
SQUADRON LINE SCHOOL  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE	MCC FOUNDATION			COMMUNITY ASSISTANCE	400
SQUADRON LINE SCHOOL  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE					400.
SQUADRON LINE SCHOOL  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE	SO WINDSOR HIGH			COMMUNITY ASSISTANCE	
T JOSEPH SCHOOL  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE					2,000
T FRANCIS HOSPITAL  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE	SQUADRON LINE SCHOOL			COMMUNITY ASSISTANCE	
ET JOHN EDUCATION FUND  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE			<del> </del>		5,000
COMMUNITY ASSISTANCE  T JOSEPH SCHOOL  COMMUNITY ASSISTANCE	ST FRANCIS HOSPITAL			COMMITTITY ASSISTANCE	
ST JOSEPH SCHOOL COMMUNITY ASSISTANCE				COLUMN ASSESSMENT	2,500
T JOSEPH SCHOOL COMMUNITY ASSISTANCE					
	T JOHN EDUCATION FUND			COMMUNITY ASSISTANCE	335
T MARKS SCHOOL COMMUNITY ASSISTANCE	T JOSEPH SCHOOL			COMMUNITY ASSISTANCE	100.
T MARKS SCHOOL COMMUNITY ASSISTANCE					
	T MARKS SCHOOL			COMMUNITY ASSISTANCE	500.
COMMUNITY ASSISTANCE	ILBRAHAM & MONSON ACADEMY			COMMUNITY ASSISTANCE	2,000.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor ST. FRANCIS COLLEGE COMMUNITY ASSISTANCE 100. ST. JOSEPH'S COLLEGE ANNUAL FUND COMMUNITY ASSISTANCE 100. ST. LOUIS PUBLIC RADIO COMMUNITY ASSISTANCE 200. ST. LOUIS ZOO COMMUNITY ASSISTANCE 14,000. STAPLES-GIRL SCOUTS COMMUNITY ASSISTANCE 532. STUDENT CONSERVATION ASSOCIATION COMMUNITY ASSISTANCE 4,000. SUPPORT DOGS, INC. COMMUNITY ASSISTANCE 22,000. SUSAN G.KOMAN CONNECTICUT COMMUNITY ASSISTANCE 1,364. SWEET ADEINES-GIRL SCOUTS COMMUNITY ASSISTANCE 1,000. THE BARNABA INST COMMUNITY ASSISTANCE 450. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor THE BUSHNELL COMMUNITY ASSISTANCE 11 000. THE LION FOUNDATION COMMUNITY ASSISTANCE 225. THE WINSOR SCHOOL COMMUNITY ASSISTANCE 100. THREE BAYS PRESERVATION INC. COMMUNITY ASSISTANCE 200. U.S.O. COMMUNITY ASSISTANCE 200. UCONN FOUNDATION COMMUNITY ASSISTANCE 100. UMASS BOSTON FUND COMMUNITY ASSISTANCE 400. UNIT SCHOLARSHIP FUND COMMUNITY ASSISTANCE 10,000. UNITED WAY COMMUNITY ASSISTANCE 5,000. VIRGINIA TECH FOUNDATION COMMUNITY ASSISTANCE 100. Total from continuation sheets

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		· · · · · · · · · · · · · · · · · · ·
	-	_		·
				~
WELCOME HOME VIETNAM VETERANS			COMMUNITY ASSISTANCE	17
				1,50δ.
WESTBROOK ANIMAL REFUGE LEAGUE			COMMUNITY ASSISTANCE	
		<del> </del>	<u> </u>	100.
			<del>                                      </del>	
		<del></del>		
	1			
	]			
Total from continuation sheets				

(a)	(b)	(c)	( 3 )
enses Books	Net Invest- ment Income	Adjusted Net Income	(d) Charitable Purposes
79. 352.	0.	0.	79. 352.
431.	0.	0.	431.
	79. 352.	79. 352. 0.	79. 0. 0. 352. 0. 0.

Name of Contributor

ENSIGN-BICKFORD INDUSTRIES

Address

125 POWDER FOREST DR. SIMSBURY, CT 06070

Form 990-PF Part VIII - List Trustees and	t of Officers, I Foundation Mana		State	ement 3
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. SLOTT PEAKING 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.

RTA 6/26/13

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

Statement

4

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 Statement 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.