

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of

OMB No 1545-0052

FOT	calendar year 2013 of tax year beginning		, and ending		
Nar	ne of foundation			A Employer identification	number
Т	HE ENSIGN-BICKFORD FOUNDA	TION, INC.		06-6041097	
Nun	nber and street (or P O box number if mail is not delivered to street	address)	Room/sulte	B Telephone number	
1	25 POWDER FOREST DR. P.O.	BOX 7		860-843-23	88
	or town, state or province, country, and ZIP or foreign pe			C if exemption application is pe	· · · · · · · · · · · · · · · · · · ·
	IMSBURY, CT 06070				,, , , , , , , , , , , , , , , , , , ,
	Check all that apply: initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	. check here
	Final return	Amended return		, <b>.</b>	,
	Address change	Name change		Foreign organizations mee     check here and attach cor	eting the 85% test,
H C	Check type of organization: X Section 501(c)(3) ex			1	•
<u> </u>	_ '	Other taxable private founda	tion	If private foundation stat under section 507(b)(1)(	
1 E2	air market value of all assets at end of year   J   Accounting	· · · · · · · · · · · · · · · · · · ·	Accrual	1	, ,
	· 1 —	her (specify)	Accidal	F If the foundation is in a 6 under section 507(b)(1)(	
	\$ 30 , 149 . (Part I, colu		asis.)	under section 507(b)(1)(	(b), check here
				(a) A divisted mat	(d) Disbursements
	Art 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	for charitable purposes (cash basis only)
	<del></del>	280,406.			(cash basis only)
	1 Contributions, gifts, grants, etc., received	200,400.	<del></del>	ļ <u>.</u>	
	2 Check Interest on savings and temporary				
	3 Interest on savings and temporary cash investments				······································
	4 Dividends and interest from securities		<u></u>		
	5a Gross rents			REC	EIVED
	Net rental income or (loss)			1,120	
<u>o</u>	6a Net gain or (loss) from sale of assets not on line 10  Gross sales price for all			₩	101
Revenue	b assets on line 6a			□ □ □ AUG 1	3 ZOIA 19
ě	7 Capital gain net income (from Part IV, line 2)		0.	~	
4	8 Net short-term capital gain		. <u> </u>	OGD	EN UT
	9 Income modifications Gross sales less returns				
	10a and allowances			<u> </u>	
	D Less Cost of goods sold		·		
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	280,406.	0.	0.	
	13 Compensation of officers, directors, trustees, etc	0.	<u> </u>	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
ses	16a Legal fees				
ř. Expens	b Accounting fees Stmt 1	3,635.	0.	0.	3,635.
Ţ	c Other professional fees				
ಗಳಲ್ಲಿ ೩ ಅ ೭೮ ಟ್ರೀನಿ and Administrative	17 Interest .				
ாக்கு ⊥ ப  ൃൃയ്യുന്റു. nd Administrative I	18 Taxes . Stmt 2	940.	0.	0.	0.
∍ ₹	19 Depreciation and depletion				,
₹ ₹	20 Occupancy				
₹ ₹	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses Stmt 3	306.	0.	0.	306.
, ;	24 Total operating and administrative		· · · · · · · · · · · · · · · · · · ·		
Operating	expenses. Add lines 13 through 23	4,881.	0.	0.	3.941.
∮ ō	25 Contributions, gifts, grants paid	248,375.	<del></del>		3,941. 248,375.
? <b>;</b>	26 Total expenses and disbursements.		<del></del>		
Operat	Add lines 24 and 25	253,256.	0.	0.	252,316.
/ <del></del>	27 Subtract line 26 from line 12:				202,0200
,	a Excess of revenue over expenses and disbursements	27,150.			
	b Net investment income (if negative, enter -0-)		0.	<del> </del>	<del></del>
		l i			
	c Adjusted net income (if negative, enter -0-)			0.	

Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	·		
rait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
71	Cash - non-interest-bearing	2,237.	30,149.	30,149.		
2	Savings and temporary cash investments					
3	Accounts receivable ►					
	Less; allowance for doubtful accounts					
4	Pledges receivable					
	Less: allowance for doubtful accounts		•			
5						
6	Receivables due from officers, directors, trustees, and other			<del> </del>		
	disqualified persons			,		
7						
'	Less: allowance for doubtful accounts					
σ 8						
Assets	Prepaid expenses and deferred charges	<del></del>	·····			
Y In	a Investments - U.S. and state government obligations					
- 1	b Investments - corporate stock					
	·					
	c Investments - corporate bonds					
111	Investments - land, buildings, and equipment, basis					
4.0	Less accumulated depreciation					
· .	Investments - mortgage loans	<u> </u>				
13			<del></del>			
14						
	Less accumulated depreciation					
	Other assets (describe			<del></del>		
16	Total assets (to be completed by all filers - see the	0 007	20 140	20 140		
-	instructions. Also, see page 1, item 1)	2,237.	30,149.	30,149.		
17	, , , , , , , , , , , , , , , , , , , ,					
18						
<u>အ</u> 19	Deferred revenue					
Liabilities 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			···			
를   21	• •					
ے <sub>  22</sub>	Other liabilities (describe					
23		0.	0.			
	Foundations that follow SFAS 117, check here					
<u>"</u>	and complete lines 24 through 26 and lines 30 and 31.					
S 24						
[ 25						
<u>m</u> 26						
Net Assets or Fund Balanc 30 30 30 30 30	Foundations that do not follow SFAS 117, check here					
Ē	and complete lines 27 through 31.					
g 27	Capital stock, trust principal, or current funds	2,237.	30,149.			
ğ 28	Paid-ın or capıtal 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	2,237.	30,149.			
_ [						
31	Total liabilities and net assets/fund balances	2,237.	30,149.			
Part	Analysis of Changes in Net Assets or Fund B	alances	<del></del>			
ran	LIII Analysis of Changes in Net Assets of Fulld b	and 1003				
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line	30				
	ist agree with end-of-year figure reported on prior year's return)		11	2,237.		
•	er amount from Part I, line 27a		2	27,150.		
	er increases not included in line 2 (itemize) PY ADJUSTME	NT	3	762.		
	I lines 1, 2, and 3		4	30,149.		
	reases not included in line 2 (itemize)		5	0.		
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	30,149.		
		<del></del>	<del></del>	Form <b>990-PF</b> (2013)		

Page 3

(a) List and	describe the ki	nd(s) of property sold (e.g or common stock, 200 shs	., real estate,	income	P - Purch D - Donat	uired (c	) Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
	<u></u>				D Donat	1011	<del></del>	<del></del>
b	NONE				<del>                                     </del>			
С			<del></del>					<del> </del>
d								
е								
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain or (loss e) plus (f) minus	
_a								· <del></del>
<u>b</u>				<del></del> ,				
<u> </u>								<del></del>
d	<del></del>			<del></del>				
Complete only for assets s	howing gain in	column (h) and owned by	the foundation	on 12/31/69		(I) G	aıns (Col. (h) gaır	minus
		(j) Adjusted basis		cess of col. (I)		col. (k	), but not less that	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	)	as of 12/31/69		col. (j), if any	İ	l	osses (from col.	(h))
a			<del>                                     </del>		<del></del>			
b							· · · · · · · · · · · · · · · · · · ·	<del></del>
C								
d								
e								
2 Capital gain net income or	(net capital loss	If gain, also ente If (loss), enter -0	r in Part I, line i - in Part I, line	7 7	} 2			
3 Net short-term capital gain if gain, also enter in Part I,	line 8, column (		nd (6):					
If (loss), enter -0- in Part I, Part V   Qualification	on Under S	Section 4940(e) for	Reduced	Tay on Net	Investm	ent Inco	me	
(For optional use by domestic								·
If section 4940(d)(2) applies, I Was the foundation liable for t If "Yes," the foundation does n Enter the appropriate amo	he section 4942 ot qualify under	tax on the distributable an section 4940(e). Do not co	omplete this pa	rt.				Yes X No
(a) Base period year		(b)			(c)		Dist	(d) bution ratio
Base periód year Calendar year (or tax year b	rs Jeginning In)	Adjusted qualifying dis	stributions	Net value of no		se assets	(col. (b) di	vided by col. (c))
2012	<u> </u>	29	7,851.		42	2,810.	<u></u>	6.957510
2011			9,956.			1,710.		12.233583
2010			6,160.		3 (	315.		9.439551
2009			2,427.		14	1,083.		14.373855
2008		28	1,994.	<u> </u>	28	3,299.		9.964804
2 Total of line 1, column (d)							2	52.969303
3 Average distribution ratio f	or the 5-year ba	se period - divide the total	on line 2 by 5,	or by the number	of years			
the foundation has been in	existence if less	s than 5 years					3	10.593861
4 Enter the net value of nonc	haritable-use as	sets for 2013 from Part X.	line 5				4	37,337.
5 Multiply line 4 by line 3							5	395,543.
6 Enter 1% of net investmen	t income (1% of	Part I, line 27b)				,	6	0.
7 Add lines 5 and 6							7	395,543.
8 Enter qualifying distribution	ns from Part XII	, line 4					8	252,316.
If line 8 is equal to or great See the Part VI instructions		heck the box in Part VI, line	tb, and comp	lete that part usin	ig a 1% tax ra	te.		

323521 10-10-13

Form **990-PF** (2013)

Form	m 990-PF (2013) THE ENSIGN-BICKFORD FOUNDATION, INC.			6041			Page 4
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	10(e), or 4	1948 -	- see ir	stru	ctio	าธ)
1a	a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	} _					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	s)	]				
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	•	1				0.
	of Part I, line 27b						
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (I	o). J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
3	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
6	Credits/Payments:						
a	a 2013 estimated tax payments and 2012 overpayment credited to 2013 68 68						
b	b Exempt foreign organizations - tax withheld at source 6b		]				
C	c Tax paid with application for extension of time to file (Form 8868)		]				
d	d Backup withholding erroneously withheld 6d 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	<b>&gt;</b>	9			_	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10				
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	lefunded >	11				
Pa	art VII-A Statements Regarding Activities						
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participat	e or intervene	e in			Yes	No
	any political campaign?				1a		X
þ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	the definition	1)?	Į.	16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	rıals publish	ed or				
	distributed by the foundation in connection with the activities			1			
C	c Did the foundation file Form 1120-POL for this year?			L	1c		_X_
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			ſ			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$	0.	_	1			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	ındatıon	=				
	managers. ► \$0.			}			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			Ĺ	2		_X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in	corporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			Į	3		_ <u>X</u> _
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			.	4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		Į	5		X
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1			
	By language in the governing instrument, or						
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict</li> </ul>	with the stat	e law	ĺ			
	remain in the governing instrument?			ļ	6	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 X	/	ļ	7	X	
				Ì			
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)						
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or desi	gnate)					
	of each state as required by General Instruction G? If "No," attach explanation	•		1	8b	Х	
9		2(j)(5) for cal	endar	ľ			
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? # "Yes," attach a schedule listing their names and ac	dresses C	tmt	4	10	X	
						DE /	0040

Form \$90-PF (2013) THE ENSIGN-BICKFORD FOUN			06-60410	97 Page 6
Part VII-B. Statements Regarding Activities for Which F	orm 4/20 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:	40.4E(a)\Q		s X No	
<ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>Influence the outcome of any specific public election (see section 4955); or</li> </ol>			S LAL NO	
any voter registration drive?	to carry on, unectiy or mune		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	, ,		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			المما المما	
509(a)(1), (2), or (3), or section 4940(d)(2)?	1 described in Section		s X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		,	
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i			
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 hi			▶ □	<del></del>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		}	
a personal benefit contract?		Y6	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?			6ь Х
If "Yes" to 6b, file Form 8870.			Γ	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	7	_
Paid Employees, and Contractors		<del></del>		<del></del>
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evnança
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other allowances
	to position	`enter`-0-)	compensation	allowances
See Statement 5		0.	0.	0.
bee beatement 5	· · · · · · · · · · · · · · · · · · ·	- 0.		
	•	· ·		
		ľ		
		_		
		<u> </u>		
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	(e) Expense account, other
(a) Numb and address of outsit striptoyee para there than \$60,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
		<del> </del>		
		ļ <u>.</u>		
		,		
Total number of other employees paid over \$50,000		1		0
Total member of other ompley soo pain over quayous	<del></del>		Form	990-PF (2013)

▶

Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	37,906.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	37,906.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	1 1	
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
	Subtract line 2 from line 1d	3	37,906.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	569.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	37,337.
6	Minimum investment return. Enter 5% of line 5	6	1,867.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	
1	Mınımum investment return from Part X, line 6	1	1,867.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)	]	
Ç	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,867.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,867.
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	1,867.
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	252,316.
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:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0.50
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	252,316.
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	252,316.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ie section

Form **990-PF** (2013)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	( <b>d</b> ) 2013
1 Distributable amount for 2013 from Part XI,				1,867.
line 7				1,00/.
2 Undistributed income, if any, as of the end of 2013	İ		0.	
a Enter amount for 2012 only b Total for prior years:				
g rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008   267,994.				
b From 2009 202,518.				
c From 2010 286,160.		}		
dFrom 2011 179,956.				
e From 2012 297,851.				
f Total of lines 3a through e	1,234,479.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 252,316.			0	
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.	i	
years (Election required - see instructions)		<u>U•</u>	<del></del>	<del></del>
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2013 distributable amount				1,867.
e Remaining amount distributed out of corpus	250,449.			1,007.
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )			<del></del>	
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,484,928.			
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 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2014 7 Amounts treated as distributions out of			<del></del>	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	}		
8 Excess distributions carryover from 2008			·	
not applied on line 5 or line 7	267,994.			
9 Excess distributions carryover to 2014.		-,,. <del>,.</del>		
Subtract lines 7 and 8 from line 6a	1,216,934.			
10 Analysis of line 9:				
a Excess from 2009 202,518.				
b Excess from 2010 286, 160.				
c Excess from 2011 179, 956.				
dExcess from 2012 297, 851.		Į		
e Excess from 2013 250, 449.			<del> </del>	Form 000 PE (2012)

_ '	IGN-BICKFOR			06-60	41097 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2013, enter the date of t	he ruling	<b>&gt;</b>		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	-	
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for	<del></del>				
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,	- <del>-</del>				
line 4 for each year listed					,
d Amounts included in line 2c not				<del>-  </del>	<del></del>
used directly for active conduct of	}				
exempt activities	<del></del>		<del></del>	<del></del>	<del></del>
e Qualifying distributions made directly					
for active conduct of exempt activities.			]		
Subtract line 2d from line 2c  3 Complete 3a, b, or c for the	ļ			<del></del>	<u></u>
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:			1		
(1) Value of all assets			<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<del> </del>		· · · · · · · · · · · · · · · · · · ·	
(1) Total support other than gross	ļ	1	}		
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)	<del></del>	· · · · · · · · · · · · · · · · · · ·			<u> </u>
(2) Support from general public and 5 or more exempt	1				
organizations as provided in		ļ			
section 4942(j)(3)(B)(iii)		<u> </u>			<u> </u>
(3) Largest amount of support from					
an exempt organization	<u> </u>				
(4) Gross investment income		1			L
Part XV Supplementary Info			if the foundatio	n had \$5,000 or mo	ore in assets
at any time during t	ine year-see insti	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			ributions received by th	ne foundation before the clos	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)			
None					
b List any managers of the foundation wh			or an equally large por	tion of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	st			
None					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	ıduals or organizatıons u	nder other conditions,	complete items 2a, b, c, and	d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom appli	cations should be addr	essed:	<del></del>
<b>2.</b> ,,,		,			
See Statement 6					
b The form in which applications should t	ne submitted and informa	tion and materials they sh	ould include.		
b The form in which applications should be	oo odbiiiittoo diid iiiloiiiid	don and materials they of	iodia includo.		
c Any submission deadlines:		<del> </del>			
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields.	kinds of institutions. or	r other factors:	
-	2 0 - 2 - 5 - 5 - 5	,		•	
202501 10 10 12	<del></del>			<del></del>	C 000 DE (0010)

06-6041097 THE ENSIGN-BICKFORD FOUNDATION, INC. Page 11 Form 990-PF (2013) Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution show any relationship to any foundation manager Foundation Amount status of Name and address (home or business) or substantial contributor recipient a Paid during the year COMMUNITY ASSISTANCE ABC PROGRAM OF SIMSBURY 4,750. ALLIED'S ENFIELD STARS COMMUNITY ASSISTANCE 1,000. COMMUNITY ASSISTANCE ALZHEIMERS ASSOC. 384. AMERICAN CANCER SOCIETY MEDICAL ASSISTANCE 1,495. AMERICAN SOCIETY FOR SUICIDE COMMUNITY ASSISTANCE 452. See continuation sheet(s) **▶** 3a 248,375. Total b Approved for future payment None

323611 10-10-13

Total

**▶** 3b

0.

Part XVI-A	Analysis of Income-Producing Activities

	<del></del>	. <u></u>			
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Amount	tunction income
<u> </u>	ļ ļ -				
b	<u> </u>				
c			-	-	
d		· · · · · · · · · · · · · · · · · · ·			
e					
1 <u></u>			ļ		
g Fees and contracts from government agencies	-				
2 Membership dues and assessments	1	<del></del>		· · · · · · · · · · · · · · · · · · ·	
3 Interest on savings and temporary cash					
investments  4 Dividends and interest from securities	<del> </del>				
,					
5 Net rental income or (loss) from real estate:		· · · · · · · · · · · · · · · · · · ·	-		
<ul> <li>a Debt-financed property</li> <li>b Not debt-financed property</li> </ul>	<del>                                     </del>	<del>.</del>			<u> </u>
Not debt-financed property     Net rental income or (loss) from personal					
property 7 Other investment income					
8 Gain or (loss) from sales of assets other	<del>  </del>				
than inventory		-			
9 Net income or (loss) from special events				<del></del>	
10 Gross profit or (loss) from sales of inventory	<del></del>	<del></del>			
11 Other revenue:					
a	1		1		
b				- · · · · · · · · · · · · · · · · · · ·	
d					
e			<b></b>		
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	······································		13	0.
(See worksheet in line 13 instructions to verify calculations.)		•			
Part XVI-B Relationship of Activities t	to the Accon	onlishment of Fy	cemp	t Purnoses	<u> </u>
Line No. Explain below how each activity for which inco	me is reported in o	column (e) of Part XVI-A	contrib	uted importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than	by providing fund	s for such purposes).			
	·				
	<del></del>				
		· . · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>
	<del></del>	<del> </del>		··	
				<del></del>	
<del></del>					
					·····
			-		
	-	<del></del>		<del></del>	
323621					Form 000-DE (2012)

		ENSIGN-BIC					<u>-6041097</u>		ige 13
Part,			sfers To a	and Transaction	s and Rel	lationships With N	oncharitable	Э	
	Exempt Orga							13.2	
	the organization directly or in					ed in section 501(c) of		Yes	No
	Code (other than section 501				rganizations?			]	
	nsfers from the reporting four	ndation to a noncharitat	ble exempt or	ganization of:				]	
	Cash			•			1a(1)		X
	Other assets .						1a(2)	ļ	X
•	ner transactions:							<b>j</b> ,	,,
٠,	Sales of assets to a nonchar						1b(1)		X
	Purchases of assets from a	•	organization				1b(2)		X
٠,	Rental of facilities, equipmer						1b(3)	<b> </b>	X
	Reimbursement arrangemer	ITS			•		1b(4)		X
٠,,	Loans or loan guarantees						1b(5)	<u> </u>	X
	Performance of services or	· ·	-	**		•	1b(6)	-	X
	aring of facilities, equipment, i	<del>-</del> '			ld alumin abou	u tha fair markat value of the	1c	L	
	he answer to any of the above services given by the reportin							eis,	
	umn (d) the value of the good				value III ally u	alisaction of Sharing arrain	gement, snow in		
(a)Line n				e exempt organization	(q)	Description of transfers, transac	ctions and sharing a	rangeme	ents
(=/=	(0),	\(\frac{\lambda}{\chi}\)	N/A	o ontonipt or games					
			-11/11				·———		
		<del></del>							
		<del>                                     </del>		- <del></del>		·····	<del></del>		
	-					<del></del>	<del></del>		
			*****						
									-
	the foundation directly or indi			•	ganizations de	escribed			_
	section 501(c) of the Code (of		)(3)) or in sec	tion 527?			Yes	LX	] No
b If"	Yes," complete the following s			T 4 > =		(15)			
	(a) Name of			(b) Type of organizat	ion	(c) Description of	relationship		
	N/A	<u>,                                      </u>		<u> </u>		_ <del></del>			
	<del></del>								
		<del></del>							
				<del> </del>					
	Under penalities of perjury, I decl	are that I have examined th	ls return, include	no accompanyino schedule	and statements	and to the best of my knowled	ge		
Sign	and belief, it is true, correct, and	complete Declaration of pr	reparer (other the	an taxpayer) is based on all	information of wh	ich preparer has any knowledge	return with th	e prepar	rer
Here				17/29/	4	TREPSURER	shown below		٦.
	Signature of officer or trus	tee	<del></del>	Date	Title	"ICLAS DELJE	—— LALL YES	· L.	J No
	Print/Type preparer's		Preparer's s		Date	Check   if	PTIN		
			i '	•		/ self- employed			
Paid	Jeannette	e M. Repaci	1 yan	wittem Rep	ai 1/2	4/14	P00358	101	
Prepa			LLP	- Jr		Firm's EIN ▶	86-10657		
Use (	Only								

Form **990-PF** (2013)

Phone no. 860-725-3000

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

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contabution	
AMERICAN HEART ASSOCIATION			COMMUNITY ASSISTANCE	166
MISCELLANEOUS DONATION			COMMUNITY ASSISTANCE	16
AUTISM SPEAKS			MEDICAL ASSISTANCE	371
AVON DOLLAR FOR SCHOLARS			COMMUNITY ASSISTANCE	1,000
AVON HISTORICAL SOCIETY			COMMUNITY ASSISTANCE	
AVON HISTORICAL SOCIAL!			COMMONITY ASSISTANCE	500
BEVERLY BOOTSTRAPS COMM. SVCS			COMMUNITY ASSISTANCE	
		· · · · · · · · · · · · · · · · · · ·		1,000
BEVERLY HISTORICAL SOCIETY			COMMUNITY ASSISTANCE	
				500
BIG BROTHERS/BIG SISTERS			COMMUNITY ASSISTANCE	
				3,000
BIG CITY MOUNTAINEERS			COMMUNITY ASSISTANCE	1,069
,				
BISHOP LOUGHLIN MEMORIAL HS			COMMUNITY ASSISTANCE	125
Total from continuation sheets				240,294

Part XV   Supplementary Information			<del></del>	
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	. <del></del>
BLESSINGS IN A BACKPACK			COMMUNITY ASSISTANCE	14
BOYS & GIRLS CLUBS OF BOSTON			COMMUNITY ASSISTANCE	5,000
BRIDGES CHARTER SCHOOL			COMMUNITY ASSISTANCE	4,500
BUSHNELL ANNUAL FUND			COMMUNITY ASSISTANCE	1,20
		:		
BUSHNELL MEMORIAL HALL			COMMUNITY ASSISTANCE	50
CASWELL CENTER FOUNDATION			COMMUNITY ASSISTANCE	10
CCSU FOUNDATION, INC.			COMMUNITY ASSISTANCE	10
CFPA			COMMUNITY ASSISTANCE	1,200
CITY OF MONTGOMERY			COMMUNITY ASSISTANCE	66
CITY THEATER			COMMUNITY ASSISTANCE	20
Total from continuation sheets				

		1	
ear (Continuation)		<del>-</del>	
show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
or šubstantial contributor	recipient		
		COMMUNITY ASSISTANCE	1,000.
		COMMUNITY ASSISTANCE	750.
		COMMUNITY ASSISTANCE	5,000.
		COMMUNITY ASSISTANCE	200.
		COMMUNITY ASSISTANCE	4,000.
		COMMUNITY ASSISTANCE	6,250.
		COMMUNITY ASSISTANCE	600.
		COMMUNITY ASSISTANCE	1,000.
		COMMUNITY ASSISTANCE	300.
		COMMUNITY ASSISTANCE	1,350.
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  Foundation status of recipient  Foundation status of recipient	COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE  COMMUNITY ASSISTANCE

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 ETHEL WALKER SCHOOL EDUCATIONAL ASSISTANCE 10,000. FACS COMMUNITY ASSISTANCE 500. COMMUNITY ASSISTANCE FAMILY RESCUE CENTER 1,000. FARM VALLEY VISITING NURSE ASSOC COMMUNITY ASSISTANCE 100. FARMINGTON HIGH SCHOOL FRIENDS OF COMMUNITY ASSISTANCE 150. MUSIC FARMINGTON VALLY VNA COMMUNITY ASSISTANCE 500. FIDELCO GUIDE DOG FOUNDATION, INC COMMUNITY ASSISTANCE 1,000. FOLDS OF HONOR COMMUNITY ASSISTANCE 500. FRIENDS OF THE ZOO MEMBERSHIP COMMUNITY ASSISTANCE 2,000. GIRLS SCOUTS COMMUNITY ASSISTANCE 100. Total from continuation sheets

Part XV Supplementary Information			<del></del>	
3 Grants and Contributions Paid During the			<del></del>	<del></del>
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		
GOD'S PIT CREW			COMMUNITY ASSISTANCE	2,00
GOODSPEED OPEAR HOUSE FOUNDATION			COMMUNITY ASSISTANCE	10
GORHAM FOOD PANTRY			COMMUNITY ASSISTANCE	50
GRANBY MEMORIAL HIGH			COMMUNITY ASSISTANCE	2,50
HABITATE IN PORTLAND			COMMUNITY ASSISTANCE	2,50
HADDAM-KILLINGLY YOUTH LACROSSE ASSOCIATION			COMMUNITY ASSISTANCE	11
HARBORLIGHT COMMUNITY PARTNERS			COMMUNITY ASSISTANCE	25
HARTFORD FRIENDSHIP KIDS CAMP			COMMUNITY ASSISTANCE	4,35
HARTFORD HOSPITAL			COMMUNITY ASSISTANCE	2,50
ARTFORD SYMPHONY ORCHESTRA			COMMUNITY ASSISTANCE	

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient 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 COMMUNITY ASSISTANCE HEUBLEIN TOWER RENOVATION 2,500. HOLYOKE BOYS & GIRLS CLUB COMMUNITY ASSISTANCE 1,000. COMMUNITY ASSISTANCE HUNTINGDON THEATRE 1,000. COMMUNITY ASSISTANCE JDRF 100. COMMUNITY ASSISTANCE JOE KREISLER TEEN SHELTER AT PREBLE 430. STR COMMUNITY ASSISTANCE JUNIOR ACHIEVEMENT 5,851. COMMUNITY ASSISTANCE JUNIOR ACHIEVEMENT OF SW NEW ENGLAND 2,000. KOMEN RACE FORE THE CURE COMMUNITY ASSISTANCE 205. LABS4RESCUE COMMUNITY ASSISTANCE 300. LAHEY CLINIC COMMUNITY ASSISTANCE 900. Total from continuation sheets

3 Grants and Contributions Paid During the				
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		-
LITTLE DOLPHIN SCHOOL			COMMUNITY ASSISTANCE	
				, 500
LIVING WATER INTERNATIONAL			COMMUNITY ASSISTANCE	225
LOAVES & FISHES			COMMUNITY ASSISTANCE	2,000
			COMMUNITY ASSISTANCE	
LYRIC MUSIC THEATER			COMMUNITY ASSISTANCE	600
MAINE CANCER FOUNDATION			COMMUNITY ASSISTANCE	350
MAINE PUBLIC BROADCASTING			COMMUNITY ASSISTANCE	300
MEADOWBROOK SCHOOL			COMMUNITY ASSISTANCE	1,000
MILTON ACADEMY	1		COMMUNITY ASSISTANCE	1,000
MS WALK			COMMUNITY ASSISTANCE	1,270
MUHLENBERG COUNTY HIGH SCHOOL			COMMUNITY ASSISTANCE	10,000

.Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient COMMUNITY ASSISTANCE MURRAY STATE UNIV. 1,500. COMMUNITY ASSISTANCE MS SOCIETY 690. COMMUNITY ASSISTANCE NEW BRITAIN MUSEUM OF ART 100. COMMUNITY ASSISTANCE PAN-MASS CHALLENGE 300. COMMUNITY ASSISTANCE PORTLAND PUBLIC SCHOOLS 10,000. COMMUNITY ASSISTANCE PURDUE UNIVERSITY 100. RELAY FOR LIFE COMMUNITY ASSISTANCE 2,500. COMMUNITY ASSISTANCE RIBBONS OF LIFE 471. RINGGOLD VOLUNTEER FIRE DEPT COMMUNITY ASSISTANCE 20,000. RIVER HOUSE COMMUNITY ASSISTANCE 250. Total from continuation sheets

·Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient ROY AND PATRICIA DISNEY FAMILY CANCER COMMUNITY ASSISTANCE 750. CTR RYAN MARTIN FOUNDATION COMMUNITY ASSISTANCE 3,000. SANDY HOOK PROMISE COMMUNITY ASSISTANCE 100. COMMUNITY ASSISTANCE SIMSBURY CELEBRATES 2013 2,000. SIMSBURY FRIENDS OF MUSIC COMMUNITY ASSISTANCE 100. SIMSBURY HIGH SCHOOL COMMUNITY ASSISTANCE 2,500. WOUNDED WARRIORS PROJECT COMMUNITY ASSISTANCE 500. SIMSBURY HISTORICAL SOCIETY COMMUNITY ASSISTANCE 2,500. SIMSBURY JUNIOR WOMAN'S CLUB COMMUNITY ASSISTANCE 4,000. SIMSBURY LAND TRUST COMMUNITY ASSISTANCE 600. Total from continuation sheets

Part XV 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 COMMUNITY ASSISTANCE SIMSBURY LIGHT OPERA COMPANY 230. SKILLS USA COMMUNITY ASSISTANCE 5,000. SOUTH WINDSOR HIGH SCHOOL COMMUNITY ASSISTANCE 2,500. EDUCATIONAL ASSISTANCE SPECIAL OLYMPICS 2,500. SQUADRON LINE SCHOOL COMMUNITY ASSISTANCE 2,500. ST JOSEPH SCHOOL COMMUNITY ASSISTANCE 100. ST. FRANCIS COLLEGE COMMUNITY ASSISTANCE 150. ST FRANCIS HOSPITAL COMMUNITY ASSISTANCE 2,500. ST MARKS SCHOOL COMMUNITY ASSISTANCE 1,000. TACOMA YOUTH CHORUS COMMUNITY ASSISTANCE 2,000. Total from continuation sheets

Part XV | .Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient COMMUNITY ASSISTANCE TAYLOR MEMORIAL FUND 100. COMMUNITY ASSISTANCE THE BUSHNELL 15,000. THE GIDEONS INTERNATIONAL COMMUNITY ASSISTANCE 1,000. THE LEUKEMIA & LYMPHOMA SOCIETY COMMUNITY ASSISTANCE 150. THE SAGE COLLEGES COMMUNITY ASSISTANCE 1,500. THE ST. MICHAEL SCHOOL OF CLAYTON COMMUNITY ASSISTANCE 2,000. TOUR DE CURE COMMUNITY ASSISTANCE 100. TOWN OF FARMINGTON FIRE DEPARTMENT COMMUNITY ASSISTANCE 5,000. UCONN FOUNDATION COMMUNITY ASSISTANCE 250. UNITED CEREBRALY PALSY, INC. COMMUNITY ASSISTANCE 800. Total from continuation sheets

Part XV | .Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient **Foundation** Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor COMMUNITY ASSISTANCE UNITED MITOCHONDRIAL DISEASE FOUNDATION 200. UNITED WAY COMMUNITY ASSISTANCE 4,764. UNITED WAY OF CENTRAL & NORTHEASTERN COMMUNITY ASSISTANCE CONN 444. UNIVERSITY OF ILLINOIS FOUNDATION COMMUNITY ASSISTANCE 100. UNIVERSITY OF ROCHESTER COMMUNITY ASSISTANCE 100. WARREN COUNTY COUNCIL AGAINST COMMUNITY ASSISTANCE DOMESTIC VIOLENCE 1,000. WEST HARTFORD EXCHANGE CLUB COMMUNITY ASSISTANCE 550. WESTLAKE ELEMENTARY SCHOOL FOR EDUCATIONAL ASSISTANCE FOUNDATION 740. WESTMINSTER SCHOOL COMMUNITY ASSISTANCE 25,000. SIMSBURY A BETTER CHANCE COMMUNITY ASSISTANCE 125. Total from continuation sheets

Part XV .Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient COMMUNITY ASSISTANCE AVON WALK 2,491. Total from continuation sheets

#### 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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2013

Name of the organization

Employer identification number

Ţ	THE ENSIGN-BICKFORD FOUNDATION, INC.	06-6041097
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See Instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more inplete Parts I and II.	: (in money or property) from any one
Special Rules		
509(a)(1) and 17	11(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the support test of t	_
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ns of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is che purpose. Do not	e1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one r use exclusively for religious, charitable, etc., purposes, but these contributions did tecked, enter here the total contributions that were received during the year for an excit complete any of the parts unless the <b>General Rule</b> applies to this organization because, contributions of \$5,000 or more during the year	not total to more than \$1,000. Clusively religious, charitable, etc.,
but it <b>must</b> answer "No" (	n that is not covered by the General Rule and/or the Special Rules does not file Scheon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or or each 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) (2013)

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 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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2	4-13	\$Schedule B /Form	Person Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (2013)

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			
		s				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		·				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-   -   \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - - - -				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
323453 10-24		Sahadula B / Farm (	990, 990-EZ, or 990-PF) (2013			

lame of orga	anization	Employer identification numb	
THE EN	SIGN-BICKFORD FOUNDATIO	N, INC.	06-6041097
Part III	Exclusively religious, charitable, etc., individually year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	following line entry. For organization of \$1,000 or less for contributions of \$1,000 or less for	(C)(7), (8), or (10) organizations that total more than \$1,000 closs completing Part III, enter or the year. (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
1		(e) Transfer of git	ift
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) I dipose of gift	(o) Use of gift	(d) Description of now girt is field
-		(e) Transfer of git	ift
_	Transferee's name, address, and	1 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
	<u></u>	(e) Transfer of gi	ift
	Transferee's name, address, and	1 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 gi	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
			<del></del>

Form 990-PF	Accounti	ng Fees	St	tatement 1	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Deloitte Tax LLP	3,635.	0.	0.	3,635.	
To Form 990-PF, Pg 1, ln 16b	3,635.	0.	0.	3,635.	
Form 990-PF	Тах	Taxes		catement 2	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
IRS	940.	0.	0.	0.	
To Form 990-PF, Pg 1, ln 18 =	940.	0.	0.		
Form 990-PF	Other E	xpenses	St	tatement 3	
Description		(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Office expense Service charge	286.		0.	286.	
To Form 990-PF, Pg 1, ln 23	306.	0.	0.	306.	

Form 990-PF	List of Substantial Contributors Part VII-A, Line 10	Statement	4
Name of Contributor	Address		
ENSIGN-BICKFORD INDUS	TRIES 125 POWDER FOREST DR. SIMSBURY, CT 06070		

Form 990-PF Part VIII - List Trustees and	t of Officers, D Foundation Mana		Statement !		
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.	
CALEB E. WHITE 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	PRESIDENT 0.20	0.	0.	0.	
SCOTT M. DEAKIN 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.	
JOSEPH E. LOVEJOY, JR. 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	DIRECTOR 0.20	0.	0.	0.	
BRENDAN M. WALSH 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	DIRECTOR 0.20	0.	0.	0.	
JOHN MARKIN 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	DIRECTOR 0.20	0.	0.	0.	
PAUL BACON 125 POWDER FOREST DR. PO BOX 7 SIMSBURY, CT 06070	DIRECTOR 0.20	0.	0.	0.	
Totals included on 990-PF, Page 6	, Part VIII	0.	0.	0.	

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.

## Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension are filing for an Additional (Not Automatic) 3-N	Aonth Exten	sion, complete onl	y Part II (on page 2 of	this	form).	
Electro a corpo 8868 to Return	complete Part II unless you have already been onic filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personal Company of the place of the plac	m 8868 if yo onal (not auto o forms listed al Benefit (	u need a 3-month a omatic) 3-month extend of in Part I or Part II Contracts, which me	utomatic extension of ension of time. You ca with the exception of ust be sent to the IF	time an ele f Fori RS in	to file ectronic m 8870 n papei	(6 months for cally file Form 0, Information r format (see
	ions). For more details on the electronic filing of				Cnar	ities &	ivonproiits.
Part I c	Automatic 3-Month Extension of Time oration required to file Form 990-T and requirely	esting an a	utomatic 6-month	extension—check the		•	▶ 🗀
	ncome tax returns.						
				Enter filer's identifying	~~		
Type o	r Name of exempt organization or other filer, see			Employer identification	nume	er (EIN)	or
print	THE ENSIGN-BICKFORD FOUNDATION			06-6041097	(00)		
File by th			uctions	Social security number	(55N	)	
due date			-1-1				
return S	ee City, town of pool chieco, class, and 211 occor.	or a toreign a	aaress, see instruction	S			
Enter t	ns SIMSBURY, CT 06070  ne Return code for the return that this application	n is for (file a	separate application	n for each return) .			. []4
Applie Is For	cation	Return Code	Application Is For				Return Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation)				07			
Form 990-BL 02 Form 1041-A				08			
	4720 (individual)	03	Form 4720 (other t	han individual)			09
	990-PF	04	Form 5227	<del></del>			10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069	···			11
	990-T (trust other than above)	06	Form 8870				12
Telep If the If this for the	chooks are in the care of ► RICHARD ROBERT.  Shone No. ► 366-843-2334  organization does not have an office or place of its for a Group Return, enter the organization's fewhole group, check this box  Ath the names and EINs of all members the extend I request an automatic 3-month (6 months for a until 08/15, 20 14, to file the exfort the organization's return for  Takey as a balletica	business in our digit Gro If it is for par ision is for. corporation is empt organic	the United States, coup Exemption Number of the group, check required to file Form the station return for the	per (GEN) k this box	► [ me bove	. If did and	xtension is
	► ☐ tax year beginning If the tax year entered in line 1 is for less than 12 ☐ Change in accounting period	! months, ch	eck reason. 🗍 Initia	al return 🔲 Final retur	ก		
3a	If this application is for Forms 990-BL, 990-PF, 9 nonrefundable credits. See instructions.	990-T, 4720,	or 6069, enter the te	entative tax, less any	3a	s	NONE
ь	If this application is for Forms 990-PF, 990-T	, 4720, or 6	069, enter any refu	indable credits and			
	estimated tax payments made. Include any prior	year overpa	lyment allowed as a	credit.	3b	\$	NONE
С	Balance due. Subtract line 3b from line 3a. Inclu EFTPS (Electronic Federal Tax Payment System)			n required, by using	3c	s	NONE
Caution	i. If you are going to make an electronic funds withdray	val (direct deb	it) with this Form 8868	. see Form 8453-EO and			