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EXTENDED TO AUGUST 17, 2015

Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

Name of foundation

THE ENSIGN-BICKFORD FOUNDATION, INC.

A Employer identification number

06-6041097

Number and street (or P O box number if mail is not delivered to street address) Room/suite

125 POWDER FOREST DR. P.O. BOX 7

B Telephone number

860-843-2388

City or town, state or province, country, and ZIP or foreign postal code

SIMSBURY, CT 06070

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 28,068.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	301,033.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 **Total.** Add lines 1 through 11	301,033.	0.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 1	3,400.	0.	0.	3,400.
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses				
	24 **Total operating and administrative expenses.** Add lines 13 through 23	3,400.	0.	0.	3,400.
	25 Contributions, gifts, grants paid	299,714.			299,714.
	26 **Total expenses and disbursements.** Add lines 24 and 25	303,114.	0.	0.	303,114.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-2,081.			
	b **Net investment income** (if negative, enter -0-)		0.		
	c **Adjusted net income** (if negative, enter -0-)			0.	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	30,149.	28,068.	28,068.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less. allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less. allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	30,149.	28,068.	28,068.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	30,149.	28,068.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	30,149.	28,068.	
	31 **Total liabilities and net assets/fund balances**	30,149.	28,068.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	30,149.
2	Enter amount from Part I, line 27a	2	-2,081.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	28,068.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	28,068.

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	252,316.	37,337.	6.757801
2012	297,851.	42,810.	6.957510
2011	179,956.	14,710.	12.233583
2010	286,160.	30,315.	9.439551
2009	202,427.	14,083.	14.373855

2	**Total** of line 1, column (d)	2	49.762300
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	9.952460
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	27,647.
5	Multiply line 4 by line 3	5	275,156.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7	Add lines 5 and 6	7	275,156.
8	Enter qualifying distributions from Part XII, line 4	8	303,114.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b	1	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
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	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a		
b	Exempt foreign organizations - tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2015 estimated tax** ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? *If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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 XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 2	10	X	

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	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 ▶ NICOLE L. DANIELS Telephone no. ▶ 860-843-2388

Located at ▶ 125 POWDER FOREST DR., SIMSBURY, CT ZIP+4 ▶ 06070

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X

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

5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes ☒ No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No			
b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b		
Organizations relying on a current notice regarding disaster assistance check here	▶ ☐			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes ☐ No			
If "Yes," attach the statement required by Regulations section 53 4945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 3		0.	0.	0.

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

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

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	28,068.
c	Fair market value of all other assets	1c	0.
d	**Total** (add lines 1a, b, and c)	1d	28,068.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	28,068.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	421.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	27,647.
6	**Minimum investment return.** Enter 5% of line 5	6	1,382.

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

1	Minimum investment return from Part X, line 6		1	1,382.
2a	Tax on investment income for 2014 from Part VI, line 5	2a		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	1,382.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	1,382.
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	1,382.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	303,114.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	303,114.
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	303,114.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,382.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 202,518.				
b From 2010 286,160.				
c From 2011 179,956.				
d From 2012 297,851.				
e From 2013 250,449.				
f **Total** of lines 3a through e	1,216,934.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ $ 303,114.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				1,382.
e Remaining amount distributed out of corpus	301,732.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,518,666.			
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 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	202,518.			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	1,316,148.			
10 Analysis of line 9:				
a Excess from 2010 286,160.				
b Excess from 2011 179,956.				
c Excess from 2012 297,851.				
d Excess from 2013 250,449.				
e Excess from 2014 301,732.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2014	Prior 3 years (b) 2013	(c) 2012	(d) 2011	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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 alternative test relied upon a "Assets" alternative test - enter: (1) Value of all assets					
(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: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 4

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AF SUICIDE PREVENTION	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	450.
AIDS ACTION COMMITTEE	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	220.
ALZHEIMER'S ASSOCIATON	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	294.
AMERICAN CANCER SOCIETY	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	814.
AMERICAN HEART ASSOCIATION	NONE	NONPRIVATE	COMMUNITY ASSITANCE	150.
Total SEE CONTINUATION SHEET(S)			▶ **3a**	299,714.
b *Approved for future payment*				
NONE				
Total			▶ **3b**	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
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					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a					
b					
c					
d					
e					
12 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.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

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

Sign Here

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

▶ _____ 6/3[illegible] ▶ PRESIDENT

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FIORITA KORNHAAS & COMPANY, PC		06/17/15		P00638833

Firm's name ▶ FIORITA, KORNHAAS & COMPANY, PC — Firm's EIN ▶ 06-1183747

Firm's address ▶ 146 DEER HILL AVENUE DANBURY, CT 06810 — Phone no. 203-790-1040

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 *www.irs.gov/form990* .

OMB No 1545-0047

2014

Name of the organization

THE ENSIGN-BICKFORD FOUNDATION, INC.

Employer identification number

06-6041097

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ▶ $ _____

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

Name of organization: THE ENSIGN-BICKFORD FOUNDATION, INC.

Employer identification number: 06-6041097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ENSIGN-BICKFORD INDUSTRIES 125 POWDER FOREST DRIVE SIMSBURY, CT 06070	$ 301,033.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization: THE ENSIGN-BICKFORD FOUNDATION, INC.

Employer identification number: 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
		$	
(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
		$	

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

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

Use duplicate copies of Part III if additional space is needed

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN KIDNEY SOCIETY	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,604.
AMERICAN LUNG ASSOC. OF MAINE	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,100.
AMERICAN RESCUE LEAGUE OF BOSTON	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250.
ARGO SCHOLARSHIP FOUNDATION	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100.
ARROY WEST ROBOTICS	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	4,500.
ASNUNTUCK COMMUNITY COLLEGE FOUNDATION	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000.
ASPCA	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100.
AUER FARM	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000.
AUSA/OEC	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500.
AVON DOLLARS FOR SCHLARS	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000.
Total from continuation sheets				297,786.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AVON OLD FARMS SCHOOL	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	700.
BAYSTATE HEALTH FOUNDATION	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	482.
BEVERLY BOOTSTRAPS COMM. SVCS	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000.
BEVERLY HISTORICAL SOCIETY	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500.
BOSTON BRUINS FOUNDATION	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100.
BOSTON MEDICAL CENTER	NONE	NONPRIVATE	MEDICAL ASSISTANCE	100.
BOY SCOUTS TROOP 371	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	400.
BOY SCOUTS TROOP 330	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250.
BOYS & GIRLS CLUB OF ST. LOUIS	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000.
BOYS & GIRLS CLUB OF BOSTON	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	5,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BRIGHT PINK	NONE	NONPRIVATE	COMMUNITY SERVICE	749.
BUSHNELL ANNUAL FUND	NONE	NONPRIVATE	COMMUNITY SERVICE	500.
CHESTERFIELD MONTESSORI SCHOOL	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
CITY OF MONTGOMERY	NONE	NONPRIVATE	COMMUNITY SERVICE	157.
COBB SCHOOL MONTESSORI	NONE	NONPRIVATE	COMMUNITY SERVICE	4,000.
COMPASSION INTERNATIONAL	NONE	NONPRIVATE	COMMUNITY SERVICE	496.
CONCORD ACADEMY	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
CONNECTICUT THEATRE COMPANY	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
CONSERVATION LAW FOUNDATION	NONE	NONPRIVATE	COMMUNITY SERVICE	3,000.
CT FOREST AND PART ASSOCIATION	NONE	NONPRIVATE	COMMUNITY SERVICE	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DANA FARBER CANCER INSTITUTE	NONE	NONPRIVATE	COMMUNITY SERVICE	475.
DARTMOUTH COLLEGE FUND	NONE	NONPRIVATE	COMMUNITY SERVICE	1,250.
DIABITIES PARTNERSHIP OF CLEVELAND	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
DOGS FOR DEAF & DISABLED AMERICAN	NONE	NONPRIVATE	COMMUNITY SERVICE	200.
EARLHAM COLLEGE	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
EAST GRANBY HIGH SCHOOL	NONE	NONPRIVATE	COMMUNITY SERVICE	500.
ENSIGN-DARLING VOCAL FELLOWSHIP	NONE	NONPRIVATE	COMMUNITY SERVICE	10,000.
ESPERANZA ACADEMY	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
FAIRFIELD UNIVERSITY	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
FAMILY RESOURCE YOUTH SERVICE CENTER	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FARMINGTON PUBLIC SCHOOL FOUNDATION	NONE	NONPRIVATE	COMMUNITY SERVICE	5,000.
FUND FOR ADVANCEMENT OF CATHOLIC SCHOOLS	NONE	NONPRIVATE	COMMUNITY SERVICE	500.
FRIENDS OF SIMSBURY CREW	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
GATEWAY CREATIVE BROADCASTING	NONE	NONPRIVATE	COMMUNITY SERVICE	360.
GAYLORD HOSPITAL	NONE	NONPRIVATE	COMMUNITY SERVICE	150.
GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
GO RED	NONE	NONPRIVATE	COMMUNITY SERVICE	541.
GOOD SHEPHARD FOOD BANK	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
GOODSPEED OPERA HOUSE	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
GRIFFINS FRIENDS	NONE	NONPRIVATE	COMMUNTIY SERVICE	457.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HADDAM-KILLINGLY YOUTH LACROSSE ASS	NONE	NONPRIVATE	COMMUNITY SERVICE	190.
HARBORLIGHT COMMUNITY PARTNERS	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
HARTFORD FRIENDSHIP KIDS CAMP	NONE	NONPRIVATE	COMMUNITY SERVICE	4,000.
HARTFORD HOSPITAL	NONE	NONPRIVATE	COMMUNITY SERVICE	2,500.
HARTFORD SYMPHONY ORCHESTRA	NONE	NONPRIVATE	COMMUNITY SERVICE	3,400.
HARVARD BUSINESS SCHOOL	NONE	NONPRIVATE	COMMUNITY SERVICE	500.
HARVARD COLLEGE FUND	NONE	NONPRIVATE	COMMUNITY SERVICE	500.
HEIFER INTERNATIONAL	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
HUNTINGTON THEATRE COMPANY	NONE	NONPRIVATE	COMMUNITY SERVICE	1,500.
JDRF	NONE	NONPRIVATE	COMMUNITY SERVICE	300.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JOE KREISLER TEEN SHELTER AT PREBLE STR	NONE	NONPRIVATE	COMMUNITY SERVICE	316.
JUNION WOMEN'S CLUB	NONE	NONPRIVATE	COMMUNITY SERVICE	3,000.
JUNIOR ACHIEVEMENT	NONE	NONPRIVATE	COMMUNITY SERVICE	5,000.
JUNIOR ACHIEVEMENT OF SW NEW ENGLAND	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
LAHEY CLINIC	NONE	NONPRIVATE	COMMUNITY SERVICE	1,375.
LANDMARK COMMUNITY THEATRE	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
LAREINA HS ROBOTIC	NONE	NONPRIVATE	COMMUNITY SERVICE	4,500.
LINCOLN MIDDLE SCHOOL	NONE	NONPRIVATE	COMMUNITY SERVICE	2,899.
LIVING WELL FOUNDATION	NONE	NONPRIVATE	COMMUNITY SERVICE	20,000.
LOAVES & FISHES	NONE	NONPRIVATE	COMMUNITY SERVICE	2,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LOBO COMMUNITY LEAGUE	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
MAIN STREET AURORA	NONE	NONPRIVATE	COMMUNITY SERVICE	20,000.
MAINE CANCER FOUNDATION	NONE	NONPRIVATE	COMMUNITY SERVICE	470.
MAINE PUBLIC BROADCASTING	NONE	NONPRIVATE	COMMUNITY SERVICE	300.
MDA	NONE	NONPRIVATE	COMMUNITY SERVICE	610.
MERCY'S HOPE	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
MILTON ACADEMY	NONE	NONPRIVATE	COMMUNITY SERVICE	500.
MS SOCIETY	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
MS WALK	NONE	NONPRIVATE	COMMUNITY SERVICE	837.
MSPCA	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MUHLENBERG CNTY HS ACADEMIC TEAM	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
MUHLENBERG COUNTY PARKS & RECREATION	NONE	NONPRIVATE	COMMUNITY SERVICE	5,000.
MUHLENBERG COUNTY SCHOOL SYSTEM	NONE	NONPRIVATE	COMMUNITY SERVICE	5,000.
MYSTIC & NOANK LIBRARY	NONE	NONPRIVATE	COMMUNITY SERVICE	240.
N.E. WILDLIFE CENTER	NONE	NONPRIVATE	COMMUNTIY SERVICE	500.
NEADS	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
NEW BRITAIN MUSEUM OF ART	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
NEW ENGLAND WILDLIFE CENTER	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
NEWTON-WELLESLEY HOSPITAL	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
NINE NETWORK	NONE	NONPRIVATE	COMMUNITY SERVICE	135.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NORTHEAST ANIMAL SHELTER	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
NUTRITIONAL RESOURCE GOODY PACK PROGRAM	NONE	NONPRIVATE	COMMUNITY SERVICE	10,000.
OAK PARK HS ROCKET TEAM	NONE	NONPRIVATE	COMMUNITY SERVICE	3,500.
OFFICE OF DEVELOPMENT	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
O'NEILL THEATER CENTER	NONE	NONPRIVATE	COMMUNITY SERVICE	7,350.
OSTERVILLE VILLAGE LIBRARY	NONE	NONPRIVATE	COMMUNITY SERVICE	350.
PAN-MASS CHALLENGE	NONE	NONPRIVATE	COMMUNTIY SERVICE	723.
PHILADELPHIA ZOO	NONE	NONPRIVATE	COMMUNITY SERVICE	2,000.
PORTLAND PUBLIC SCHOOL SYSTEM	NONE	NONPRIVATE	COMMUNITY SERVICE	10,000.
PORTLAND TRAILS	NONE	NONPRIVATE	COMMUNITY SERVICE	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PREBLE STREET	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
RIBBONS OF LIFE	NONE	NONPRIVATE	COMMUNITY SERVICE	124.
RIGHT 2 THRIVE	NONE	NONPRIVATE	COMMUNITY SERVICE	251.
RIVER HOUSE	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
RIVERS ALLIANCE	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
RYAN MARTIN FOUNDATION	NONE	NONPRIVATE	COMMUNITY SERVICE	800.
SIMSBURY A BETTER CHANCE	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
SIMSBURY CELEBRATES 2014	NONE	NONPRIVATE	COMMUNITY SERVICE	2,000.
SIMSBURY GRIDIRON CLUB	NONE	NONPRIVATE	COMMUNITY SERVICE	2,500.
SIMSBURY HISTORICAL SOCIETY	NONE	NONPRIVATE	COMMUNITY SERVICE	3,600.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SIMSBURY HS ROBOTICS TEAM	NONE	NONPRIVATE	COMMUNITY SERVICE	2,000.
SIMSBURY LAND TRUST	NONE	NONPRIVATE	COMMUNITY SERVICE	750.
SIMSBURY LIGHT OPERA COMPANY	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
SIMSBURY MEADOWS PERFORMING ARTS CENTER	NONE	NONPRIVATE	COMMUNITY SERVICE	2,000.
SOUTHEAST MISSOURI UNIVERSITY FOUND	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
SOUTHINGTON COMMUNITY YMCA	NONE	NONPRIVATE	COMMUNITY SERVICE	300.
SPECIAL OLYMPICS	NONE	NONPRIVATE	COMMUNITY SERVICE	6,330.
SPRINGFIELD PREGNANCY CARE CTR	NONE	NONPRIVATE	COMMUNITY SERVICE	2,100.
ST. BALDRICK'S FOUNDATION	NONE	NONPRIVATE	COMMUNITY SERVICE	153.
ST. FRANCIS HOSPITAL	NONE	NONPRIVATE	COMMUNITY SERVICE	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST. JOHN EDUCATIONAL FOUNDATION, INC.	NONE	NONPRIVATE	COMMUNITY SERVICE	700.
ST. JOHN VIANNEY HIGH SCHOOL	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
ST. LOUIS ZOO	NONE	NONPRIVATE	COMMUNITY SERVICE	10,000.
SUPPORT DOGS, INC.	NONE	NONPRIVATE	COMMUNITY SERVICE	20,000.
SUSAN B. KOMAN BREAST CANCER FUND	NONE	NONPRIVATE	COMMUNITY SERVICE	400.
SUSAN G. KOMAN BREAST CANCER FUND	NONE	NONPRIVATE	COMMUNITY SERVICE	496.
THE BUSHNELL	NONE	NONPRIVATE	COMMUNITY SERVICE	5,000.
THE BUSHNELL FUND FOR GROWTH	NONE	NONPRIVATE	COMMUNITY SERVICE	9,000.
THE GIDEONS INTERNATIONAL	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
THE JOHN ANDREW MAZIE MEMORIAL FOUND	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE JOHN ANDREW MAZIE MEMORIAL FOUND.	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
THE MEADOWBROOK SCHOOL	NONE	NONPRIVATE	COMMUNITY SERVICE	1,500.
THE TELLING ROOM	NONE	NONPRIVATE	COMMUNITY SERVICE	200.
THE TOWN THAT CARES	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
THE VALERIE FUND	NONE	NONPRIVATE	COMMUNITY SERVICE	50.
THREE BAYS PRESERVATION	NONE	NONPRIVATE	COMMUNITY SERVICE	350.
TURNING POINT	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
UCONN ALUMNI ASSOCIATION	NONE	NONPRIVATE	COMMUNITY SERVICE	250.
UNIT SCHOLARSHIP FUND	NONE	NONPRIVATE	COMMUNITY SERVICE	10,000.
UNITED WAY	NONE	NONPRIVATE	COMMUNITY SERVICE	676.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNITED WAY CAMPAIGN	NONE	NONPRIVATE	COMMUNITY SERVICE	1,000.
UNIVERSITY OF CONNECTICUT	NONE	NONPRIVATE	COMMUNITY SERVICE	100.
WEST HARTFORD EXCHANGE CLUB FOUNDATION	NONE	NONPRIVATE	COMMUNITY SERVICE	500.
WESTLAKE ELEMENTARY SCHOOL PFA	NONE	NONPRIVATE	COMMUNITY SERVICE	600.
WINDSOR HS ROBOTICS TEAM	NONE	NONPRIVATE	COMMUNITY SERVICE	2,000.
VVNPR/C PTV	NONE	NONPRIVATE		132.
WOUNDED WARRIOR PROJECT	NONE	NONPRIVATE		2,500.
YALE SCHOOL OF MEDICINE-EPILEPSY RES CTR	NONE	NONPRIVATE	COMMUNITY SERVICE	208.
YMCA ANNUAL CAMPAIGN	NONE	NONPRIVATE	COMMUNITY SERVICE	1,250.
YMCA REACH OUT TO YOUTH	NONE	NONPRIVATE		1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CT SCIENCE CENTER	NONE	NONPRIVATE	COMMUNITY SERVICE	5,250.
Total from continuation sheets				

FORM 990-PF ACCOUNTING FEES STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DELOITTE	3,400.	0.	0.	3,400.
TO FORM 990-PF, PG 1, LN 16B	3,400.	0.	0.	3,400.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 2
PART VII-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
ENSIGN-BICKFORD INDUSTRIES	125 SIMSBURY FOREST DRIVE SIMSBURY, CT 06070

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOAN D. LOVEJOY 125 POWDER FOREST DR PO BOX 7 SIMSBURY, CT 06070	CHAIRWOMAN 0.20	0.	0.	0.
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.
BRENDA 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 4
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

NICOLE L. DANIELS
125 POWDER FOREST DRIVE
SIMSBURY, CT 06070

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
860-843-2388	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, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing ***(e-file)*** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

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

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

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

Type or print	Name of exempt organization or other filer, see instructions	Enter filer's identifying number: Employer identification number (EIN) or
File by the due date for filing your return See instructions	THE ENSIGN-BICKFORD FOUNDATION, INC.	06-6041097
	Number, street, and room or suite no If a P O box, see instructions 125 POWDER FOREST DR. P.O. BOX 7	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions SIMSBURY, CT 06070	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	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
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ NICOLE L. DANIELS 125 POWDER FOREST DR. - SIMSBURY, CT 06070
  Telephone No ▶ 860-843-2388 Fax No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2014 or
▶ [ ] tax year beginning _____ , and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$	0.

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