

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**Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 15, 2010
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.lrs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning_	, and	d ending		
Name of foundation			A Employer identification	number
THE ENSIGN-BICKFORD FOU	NDATION, INC.		06-6041097	
Number and street (or P O box number if mail is not delivered to		Room/suite	B Telephone number	
125 POWDER FOREST DR. P	.o. box 7	_	860-843-23	88
City or town, state or province, country, and ZIP or for	eign postal code		C If exemption application is pe	anding, check here
SIMSBURY, CT 06070				
G Check all that apply: Initial return	Initial return of a former publ	ic charity	D 1. Foreign organizations	, check here 🕨 🛄
Final return	Amended return		2 Foreign organizations med	eting the 85% test
Address change	Name change		Foreign organizations med check here and attach cor	mputation
	(3) exempt private foundation		E If private foundation stat	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation		under section 507(b)(1)	(A), check here
·		ccrual	F If the foundation is in a 6	
(from Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)	(B), check here
	, column (d) must be on cash basis.)		(1) Advised and	(d) Disbursements
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))		t investment ncome	(c) Adjusted net income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	300,295.			(OZON BOSIO ONLY)
2 Check I if the foundation is not required to attach Sci				
Interest on savings and temporary				
cash investments Dividends and interest from securities				
5a Gross rents				<u> </u>
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10			<u> </u>	
Gross sales price for all assets on line 6a		·		
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 Gross sales less returns				
10a and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	300,295.	0 .	0.	
12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits		-		
Ø 16a Legal fees				
b Accounting fees STMT	1 2,500.	0	0.	0.
b Accounting fees STMT c Other professional fees	,			. <u>-</u>
9 17 Interest	*			
18 Taxes	,		ļ	· · - · · · - · · · · · · · · · · · · ·
19 Depreciation and depletion	:			
喜 20 Occupancy				
21 Travel, conferences, and meetings	<u> </u>			
22 Printing and publications	224		0.	224
5 1	2 224.	0		224.
24 Total operating and administrative	2 724	0	. o.	224.
expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	2,724. 189,301.	0	0.	189,301.
25 Contributions, girls, grants paid	109,301		 	
26 Total expenses and disbursements. Add lines 24 and 25	192,025.	0	. o.	189,525.
27 Subtract line 26 from line 12:				
Excess of revenue over expenses and disbursements	108,270.			
b Net investment income (if negative, enter -0-)		0		
C Adjusted net income (if negative, enter -0-)			0.	

For	m 99	0-PF (2015) THE ENSIGN-BICKFORD FOU	NDATION, INC. Beginning of year	06-0 End of	6041097 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	_		28,068.		
	l	Cash - non-interest-bearing	20,000.	136,338.	136,338.
	ı	Savings and temporary cash investments			
	3	Accounts receivable >			
	١.	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			
şţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
V	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			
		Land, buildings, and equipment: basis ▶			
	''	Less accumulated depreciation			
	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			
	''	instructions. Also, see page 1, item I)	28,068.	136,338.	136,338.
	17	Accounts payable and accrued expenses	20,000:	130,330.	130,330.
	1 .				
	18	Grants payable			
ties	19	Deferred revenue			
Liabilities	20	· · · · · · · · · · · · · · · · · · ·			
E.	21	Mortgages and other notes payable	-		
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here		+	
S	ļ	and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted	28,068.	136,338.	
<u>a</u>	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here		j	
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund		<u></u>	
As	29	Retained earnings, accumulated income, endowment, or other funds			
Šet	30	Total net assets or fund balances	28,068.	136,338.	
_					
	31	Total liabilities and net assets/fund balances	28,068.	136,338.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	
2	•	r amount from Part I, line 27a		2	108,270.
		r arrount from Fart 1, fine 27 a		3	100,270.
		lines 1, 2, and 3			136,338.
		eases not included in line 2 (itemize)		4	130,330.
5		I not accord on fund halances at and of year (line 4 minus line 5) - Part II. or	olumn (h) line 20	5	136 338

Form **990-PF** (2015)

	ENSIGN-BICKFORD and Losses for Tax on I			NC.		06	6041	097	Page (
(a) List and descri	ibe the kind(s) of property sold (e.çrehouse; or common stock, 200 sh	g., real estate,		(b) Ho	w acquired Purchase Donation	(c) Date acc (mo., day,	juired yr.)	(d) Date (mo., da	
1a			-		-				
b NOI	VE								
<u>c</u>				ļ					
<u>d</u>	·		· · · · · · · · · · · · · · · · · · ·	ļ					
<u>e</u>	(D) D	1 10		<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				or (loss)) minus (g)		
<u>a</u>		 							
b c	 _	 							
d		 							
e		 				-			
	g gain in column (h) and owned by	the foundation	on 12/31/69			Gains (Col.	(b) gain mi	nus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (1) col. (j), if any		col.	(k), but not	less than -(om col. (h))	O-) or	
a									
b						-			
C									
d									
е									
2 Capital gain net income or (net cap	oital loss) { If gain, also ente	er in Part I, line)- in Part I, line	7 7	}	2				
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		nd (6):		}					
Part V Qualification U	ndor Section 4040(a) for	r Dodugod	Toy on Not	Javos	3				
	··································				Stillelit liit	JIII U			
(For optional use by domestic private	toundations subject to the section	4940(a) tax on	net investment in	icome.)					
If section 4940(d)(2) applies, leave th	ıs part blank.								
Was the foundation liable for the secti	ion 4942 tay on the distributable an	mount of any w	ar in the hace nor	rınd?			Γ.		X No
f "Yes," the foundation does not quali			•	1001			<u> </u>		NO
	ach column for each year; see the			ntries.	•				
(a) Base period years	(b)			(c)			(d Dıştrıbutı)	
Calendar year (or tax year beginnin		stributions	Net value of no	ncharita	ble-use assets	(co	Distributi I. (b) divide	on ratio d by col. ((c))
2014		3,114.			27,647				3721
2013	25	52,316.			37,337			6.75	7801
2012	29	7,851.			42,810	•		6.95	7510
2011		79,956.			14,710			12.23	3583
2010		<u> 36,160.</u>			30,315	•		9.43	<u> 9551</u>
2 Total of line 1, column (d)						2	4	<u>46.35</u>	2166
3 Average distribution ratio for the 5		on line 2 by 5,	or by the number	of years	3				
the foundation has been in existen	ice if less than 5 years					3		9.27	<u>70433</u>
4 Enter the net value of noncharitable	e-use assets for 2015 from Part X,	line 5				4		46,	932.
E Multiply line 4 by line 9						_		425	000
5 Multiply line 4 by line 3						5		435,	080.
Enter 1% of not investment income	o (19/, of Part I, line 27h)								0
6 Enter 1% of net investment incom	υ (170 UIFαICI, IIIIC 270)					6			0.
7 Add lines 5 and 6						7		13 E	000
Add iiilos o diid o						 ' 		4 33,	080.
8 Enter qualifying distributions from						8		189,	525.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	ig a 1% 1	tax rate.				

	1990-P (2015) THE ENSIGN-BICKFORD FOUNDATION, INC. 00-60			-4:-	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee ins	tru	CTIO	ns)
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)				0.
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				
	of Part I, line 27b				
	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-)	P-i-			<u>0.</u>
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0.
6	Credits/Payments:				
	2015 estimated tax payments and 2014 overpayment credited to 2015				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d				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				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax				
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	\vdash		Yes	No
	any political campaign?		la		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1	lb		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				x
	c Did the foundation file Form 1120-POL for this year?				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .				
е	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?	<u> </u> -2	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 incorporation, or	1	ŀ		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<u> </u>	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u> </u>	а		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		lb		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<u></u>	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:	ļ			
	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	_ <i>⊢</i> '	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CT	— [
b	of 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	្ន	ь	X	
9		<u> </u>	-		
-	year 2015 or the taxable year beginning in 2015 (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.		0	<u>x</u>	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2015 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 2015.)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

b 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 2015?

Form **990-PF** (2015)

X

3Ь

4a

orm 990-PF (2015) THE ENSIGN-BICKFORD FOUN			<u>06-60410</u>	197	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		<u>,</u>
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,					
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	es 🗶 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?		Ye	s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi	ere		▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		Ì	
expenditure responsibility for the grant?		I/A 🔲 Ye	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					
a personal benefit contract?	• •	☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6Ь	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 s	helter transaction?	☐ Ye	es 🗓 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			. –	7b	
Part VIII Information About Officers, Directors, Trusto		nagers, Highly			
Paid Employees, and Contractors			· 		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	vances
	·	1		1	
SEE STATEMENT 4		0.	0.	·	0.
				ľ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and addraga of each ampleuse and more than \$50,000	(b) Title, and average	(a) Comparesting	(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allov	vances
NONE		·	·		
				ı	
				İ	
			-		
				-	
· · · · · · · · · · · · · · · · · · ·					
Total number of other employees paid over \$50,000	<u> </u>	.J	<u> </u>	ـــــــ	0
TOTAL TIGHTON OF OTHER OTHER OFFICE POOLOGO			Form	990-P	
			1 01111		· (E010)

Form 990-PF (2015) THE ENSIGN-BICKFORD FOUNDATION,	<u> </u>	-6041097 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Table number of others recovered over \$50,000 for professional convene		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	etical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A		
]
2		<u> </u>
		-
3		1
· · · · · · · · · · · · · · · · · · ·		•
4		
· · · · · · · · · · · · · · · · · · ·		1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 <u>N/A</u>		
2		-
		;
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 b Average of monthly cash balances 1b c Fair market value of all other assets 1c d Total (add lines 1a, b, and c) 1d 647. e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 932. Minimum investment return. Enter 5% of line 5 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.) 2,347. Minimum investment return from Part X, line 6 1 Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 6 0. 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 189,525. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 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 189,525. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,		,		
line 7				2,347.
2 Undistributed income, if any, as of the end of 2015		-		
a Enter amount for 2014 only			0.	
b Total for prior years:		_		
,,,,,,,,,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 286, 160.				
b From 2011 179,956.				
c From 2012 297,851. d From 2013 250,449.				
e From 2014 301,732.				
f Total of lines 3a through e	1,316,148.			
4 Qualifying distributions for 2015 from	1,310,140.			
Part XII, line 4: > \$ 189,525.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				2,347.
e Remaining amount distributed out of corpus	187,178.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,503,326.		:	
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		0.		
assessed d Subtract line 6c from line 6b. Taxable		U•		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				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 2010				
not applied on line 5 or line 7	286,160.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	1,217,166.		·	
10 Analysis of line 9:				
a Excess from 2011 179,956.				
b Excess from 2012 297,851.				
c Excess from 2013 250,449. d Excess from 2014 301,732.				
e Excess from 2015 187,178.		<u> </u>	<u> </u>	Form 990-PF (2015)

	IGN-BICKFOR)41097 Page 10
Part XIV Private Operating F	<u>`</u>		-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		-	in agation	4942(j)(3) or 4	942(j)(5)
b Check box to indicate whether the found		ng toundation described i		4942(<u>[](3) 0</u> 4	942())(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(4) 2013	(0) 2014	(6) 2010	(4) 2012	(6) 10(a)
investment return from Part X for					
each year listed				_	
b 85% of line 2a					
e 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 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(i)(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 Info	ormation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during				, , , , , , , , , , , , , , , , , , ,	
Information Regarding Foundation List any managers of the foundation will year (but only if they have contributed to the contributed)	ho have contributed more	than 2% of the total con section 507(d)(2).)	tributions received by th	ne foundation before the cl	ose of any tax
b List any managers of the foundation when the entity) of which the foundation has			(or an equally large por	tion of the ownership of a	partnership or
NONE	-				
2 Information Regarding Contribute				not accept unsolicited rec	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or e-mail address of	the person to whom app	lications should be addr	essed:	
SEE STATEMENT 5					
b The form in which applications should	be submitted and informa	ation and materials they s	hould include:	· · · · · · · · · · · · · · · · · · ·	
c Any submission deadlines;					
	de anabas bus sus sus	nol arong shouldbla field-	Lundo of institutions -	r other factors:	
d Any restrictions or limitations on award	us, such as by geographic	cai areas, charitable fields	, KIHUS OF HISTITUTIONS, O	r other factors:	

3 Grants and Contributions Paid During the		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	or substantial contributor	redipient		
ALZHEIMER'S ASSOCIATION 9370 OLIVE BLVD. ST. LOUIS MO	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	900
51, 10015, NO	-			200
AMER FOUND FOR SUICIDE PREVENTION AFSP WESTERN MASSACHUSETTS CHAPTER	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
419 SOUTHWICK ROAD E1-17 WESTFIELD,				325
AMER HEART ASSN/AMER STROKE ASSN FOUNDERS AFFILIATE P.O. BOX 417005 BOSTON, MA	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100,
AMERICAN CANCER SOCIETY 825 BROOK STREET I-91 TECH CENTER ROCKY HILL, CT	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	550,
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS TX	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	510.
	NTINUATION SHE	ET(S)	▶ 3a	189 301.
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			ided by section 512, 513, or 514	(e)		
and gross amounts amoss otherwise maleated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt		
1 Program service revenue:	code	Amount	code	Amount	function income		
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	i l						
investments					<u> </u>		
4 Dividends and interest from securities			ļ.,				
5 Net rental income or (loss) from real estate:		_	<u> </u>				
a Debt-financed property			<u> </u>				
b Not debt-financed property			ļ				
6 Net rental income or (loss) from personal	ļ						
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other	1						
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			ļ		· ·····		
e			<u> </u>				
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	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 Acco	omplishment of Ex	cemp	t Purposes			
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			contri	outed importantly to the accon	iplisnment of		
the foundation's exempt purposes (other than	i by providing id	ilus for such purposes).					
				·			
	,			-			
							
				 			
		· · · · · ·					
							
				•	· · · · · ·		
			-				
				······			

Part X	/II Information Re Exempt Organ		o and Transactions ar	nd Relationships With Nonch	aritable)	
1 Did th		· ······	wing with any other organization	described in section 501(c) of		Yes	No
			n 527, relating to political organiz				
	a Transfers from the reporting foundation to a noncharitable exempt organization of:					ĺ	
(1) (• -	·	•		1a(1)		Х
(2)	Other assets				1a(2)		Х
b Other	transactions:						
(1) 5	Sales of assets to a noncharital	ble exempt organization			1b(1)		X
(2) F	urchases of assets from a no	ncharitable exempt organization	n		1b(2)		X
(3) F	Rental of facilities, equipment,	or other assets			1b(3)		X
(4) F	Reimbursement arrangements				1b(4)		X
(5) L	oans or loan guarantees				1b(5)		X
(6) F	erformance of services or me	embership or fundraising solicit	ations		1b(6)		X
		uling lists, other assets, or paid			1c		X
or sei	vices given by the reporting fo	oundation. If the foundation rec	ceived less than fair market value	ays show the fair market value of the goods in any transaction or sharing arrangement,		ets,	
		other assets, or services receiv					
(a) Line no	(b) Amount involved		able exempt organization	(d) Description of transfers, transactions, an	d sharing arr	angeme	nts
		N/2	A				
							
			· · · · · · · · · · · · · · · · · · ·				
							
							
						_	
_							
2a is the	foundation directly or indirec	tly affiliated with, or related to.	one or more tax-exempt organiza	ations described			
	= = = = = = = = = = = = = = = = = = =	r than section 501(c)(3)) or in s		[Yes	X] No
b If "Ye	s," complete the following sch	edule.					
	(a) Name of org		(b) Type of organization	(c) Description of relation	ship		
	N/A						
		<u>.</u>					
	Inder penalties of perjury, I declare	that I have examined this return, incl	luding accompanying schedules and s	tatements, and to the best of my knowledge tition of which preparer has any knowledge	lay the IRS d	iscuss t	his
Sign * Here	Dams	Marino	18/3/2016	st Officer st	turn with the hown below (X Yes	(see inst	r)? No
	Signature of officer or trustee		Date	Title			
	Print/Type preparer's na	ame <u>Preparer</u>	's signature	Date Check I If PTIN			
	FIORITA KO	RNHAAS &	1/_)(self- employed			
Paid	COMPANY, P				0638		
Prepar Use O		RITA, KORNHAAS	& COMPANY, PC	Firm's EIN ► 06-1	.1837	47	
	Firm's address ▶ 14	6 DEER HILL AV	VENUE				
	DA	NBURY, CT 068:	10	Phone no. 203-7	190-1	040	

Part XV	Supplementary	Information

3 Grants and Contributions Paid During the	If recipient is an individual,	T		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VEDTON: LINE 1666TNETON	NONE		CONSTRUCTIVE AGGLGTANAGE	
MERICAN LUNG ASSOCIATION	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
.22 STATE STREET			-	560
UGUSTA, ME				
RGO SCHOLARSHIP FOUNDATION	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
ISTRICT 217 7329 WEST 63RD STREET				
UMMIT, IL				100
		:		
SHOKA	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
700 NORTH MOORE ST SUITE 2000				
RLINGTON, VA				500
UER FARM	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
ONN 4H DEVELOPMENT FUND 158 AUER CARM ROAD BLOOMFIELD CT				1,000
ARM ROAD BHOOMFIELD , CI				1,000
UTISM SPEAKS	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
.060 STATE ROAD, 2ND FLOOR				
RINCETON, NJ				500
VON DOLLARS FOR SCHLARS	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
P.O. BOX 706				
AVON, CT				2,000
VON HISTORICAL SOCIETY	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
VON, CT				2,500
AYSTATE HEALTH FOUNDATION, INC.	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
80 CHESTNUT STREET, 6TH FLOOR	1			
PRINGFIELD, MA				365
EVERLY BOOTSTRAPS COMM. SVCS.	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
71 CABOT STREET				1,000
BEVERLY, MA				
DEVENTY BOOTERS	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
BEVERLY HISTORICAL SOCIETY 17 CABOT STREET	NONE	MONERIVATE	COMMONITI MOSISTANCE	
BEVERLY MA				500
Total from continuation sheets				186 916

THE ENSIGN-BICKFORD FOUNDATION, INC. 06-6041097 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 any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient BISHOP LOUGHLIN MEMORIAL HS NONE NONPRIVATE COMMUNITY ASSISTANCE 357 CLERMONT AVENUE 150. BROOKLYN, NY NONE BOSTON CHILDREN'S HOSPITAL NONPRIVATE COMMUNITY ASSISTANCE 300 LONGWOOD AVE 200, BOSTON, MA COMMUNITY ASSISTANCE NONE NONPRIVATE BOSTON COLLEGE 140 COMMONWEALTH AVE 100. CHESTNUT HILL, MA CANCER COMMUNITY CENTER NONE NONPRIVATE COMMUNITY ASSISTANCE 778 MAIN STREET SOUTH PORTLAND, ME 146. NONPRIVATE COMMUNITY ASSISTANCE COBB SCHOOL MONTESSORI NONE 112 SAND HILL ROAD 3,850. SIMSBURY CT COLGATE UNIVERSITY NONE NONPRIVATE COMMUNITY ASSISTANCE NEED BASED SCHOLARSHIPS 13 OAK DRIVE 2,000. HAMILTON, NY NONPRIVATE NONE COMMUNITY ASSISTANCE CONN BURNS CARE FOUNDATION INC 601 BOSTON POST ROAD MILFORD CT 2,500. NONE NONPRIVATE COMMUNITY ASSISTANCE CONNECTICUT WOMEN'S HALL OF FAME 320 FITCH STREET 3,000. NEW HAVEN, CT NONE NONPRIVATE COMMUNITY ASSISTANCE CONNECTICUT HOSPICE P.O. BOX 783

NONPRIVATE

COMMUNITY ASSISTANCE

250.

5,000.

BRANFORD CT

62 SUMMER STREET BOSTON, MA

CONSERVATION LAW FOUNDATION

Total from continuation sheets

NONE

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 Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient NONPRIVATE COMMUNITY ASSISTANCE COVENANT HOUSE NONE 461 EIGHTH AVENUE 400. NEW YORK, NY CT FOREST AND PARK ASSOCIATION NONE NONPRIVATE COMMUNITY ASSISTANCE 16 MERIDEN ROAD 4 150. ROCKFALL CT NONE NONPRIVATE COMMUNITY ASSISTANCE CT INVENTION CONVENTION P.O. BOX 230311 1,000. HARTFORD CT NONPRIVATE COMMUNITY ASSISTANCE CT RIVER WATERSHED COUNCIL NONE 15 BANK ROW 250. GREENFIELD MA NONE NONPRIVATE COMMUNITY ASSISTANCE CT SCIENCE CENTER 250 COLUMBUS BOULEVARD HARTFORD CT 11,776. CYSTIC FIBROSIS FOUNDATION NONE NONPRIVATE COMMUNITY ASSISTANCE 101 CENTERPOINT DRIVE SUITE 107 HARTFORD, CT 285. DANA FARBER CANCER INSTITUTE NONE NONPRIVATE COMMUNITY ASSISTANCE 10 BROOKLINE PLACE WEST 6TH FLOOR 250. BROOKLINE MA DARTMOUTH COLLEGE FUND NONE NONPRIVATE COMMUNITY ASSISTANCE 333 7TH AVENUE 1,200. NEW YORK, NY NONE NONPRIVATE COMMUNITY ASSISTANCE DOCTORS W/O BORDERS 333 7TH AVENUE 600. NEW YORK NY EMERGENCY AID ASSOCIATION NONE NONPRIVATE COMMUNITY ASSISTANCE 450 SOUTH STREET SUFFIELD, CT 550. Total from continuation sheets

100.

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 contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor EQUALITY NOW NONE NONPRIVATE COMMUNITY ASSISTANCE 125 MAIDEN LANE 100. NEW YORK, NY NONE NONPRIVATE COMMUNITY ASSISTANCE EVIDENCE ACTION 641 S STREET NW 3RD FLOOR 500, WASHINGTON __ DC NONE NONPRIVATE COMMUNITY ASSISTANCE FACES OF OUR CHILDREN 616 HALL FARMER ROAD 300. BLAIRS, VA COMMUNITY ASSISTANCE FALCON SQUADRON 305 NONE NONPRIVATE FALCON FIELD 4730 E. FALCON DRIVE 149. MESA, AZ NONE NONPRIVATE COMMUNITY ASSISTANCE FAMILY RESCUE CENTER 22103 VANOWEN STREET 1,000. CANOGA PARK, CA FAMILY RESOURCE YOUTH SERIVCE CENTER NONE NONPRIVATE COMMUNITY ASSISTANCE 325 SCHOOL ST 1,000, HAZARD, KY NONE NONPRIVATE COMMUNITY ASSISTANCE FARM VALLEY VISITING NURSE ASSOC 8 OLD MILL LANE 500. SIMSBURY CT NONE NONPRIVATE COMMUNITY ASSISTANCE FARMINGTON VALLEY VNA 8 OLD MILL LANE 106. SIMSBURY, CT NONPRIVATE COMMUNITY ASSISTANCE FIDELCO GUIDE DOG FOUNDATION, INC. NONE 103 VISION WAY 1,448. BLOOMFIELD, CT NONE NONPRIVATE COMMUNITY ASSISTANCE FOREST ECOLOGY NETWORK 336 BACK ROAD

LEXINGTON TOWNSHIP, ME

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 status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor FRIENDS OF SCOUTING TROOP 41 NONE NONPRIVATE COMMUNITY ASSISTANCE 327 LAMENTATION DRIVE BERLIN CT 216. NONPRIVATE COMMUNITY ASSISTANCE GILBERT SCHOOL NONE 200 WILLIAMS AVENUE 548, WINSTED CT NONE NONPRIVATE COMMUNITY ASSISTANCE GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS 43 FIELD STREET WATERBURY, CT 250. GOOD SHEPHARD FOOD BANK NONE NONPRIVATE COMMUNITY ASSISTANCE P.O. BOX 1807 100. AUBURN, ME NONPRIVATE COMMUNITY ASSISTANCE NONE GOODSPEED OPERA HOUSE 6 MAIN STREET 100. EAST HADDAM CT GREEN BERET FOUNDATION NONE NONPRIVATE COMMUNITY ASSISTANCE 18756 STONE OAK PARKWAY SUITE 200 1,000. SAN ANTONIO, TX HARBORLIGHT COMMUNITY PARTNERS NONE NONPRIVATE COMMUNITY ASSISTANCE P.O. BOX 507 BEVERLY MA 250. HARTFORD COUNTY 4H CAMP NONE NONPRIVATE COMMUNITY ASSISTANCE 400 NORTH MAIN STREET 500. MANCHESTER CT NONE NONPRIVATE COMMUNITY ASSISTANCE HARTFORD FRIENDSHIP KIDS CAMP 149 RIDGEFIELD STREET 4,000. HARTFORD CT HARTFORD PUBLIC LIBRARY NONE NONPRIVATE COMMUNITY ASSISTANCE 500 MAIN STREET 1,600. HARTFORD, CT

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		···		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
HARTFORD SYMPHONY ORCHESTRA 100 PEARL STREET 2ND FLOOR, EAST TOWER HARTFORD, CT	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	3,400.
HARVARD COLLEGE FUND 124 MOUNT AUBURN STREET CAMBRIDGE, MA	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100.
HEART OF BIDDEFORD 205 MAIN STR #103 BIDDEFORD, ME	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	200.
HELP OUR MILITARY HEROES 15 PHEASANT LANE EASTON, CT	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	200,
HOMES FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	130,
HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN 641 S CRYSTAL AVENUE BENTON HARBOR, MI	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	125.
HUNTINGDON THEATRE 264 HUNTINGTON AVENUE BOSTON, MA	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,500,
INTERVAL HOUSE P.O. BOX 340207 HARTFORD, CT	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500.
JDRF 50 CRESTWOOD EXECUTIVE CENTER #401 ST. LOUIS, MO	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	225,
JOE KREISLER TEEN SHELTER AT PREBLE STR 343 CUMBERLAND AVENUE	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
PORTLAND ME				100.
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 any foundation manager or substantial contributor status of contribution Amount Name and address (home or business) recipient NONPRIVATE COMMUNITY ASSISTANCE JUNIOR ACHIEVEMENT OF SW NEW ENGLAND NONE 70 FARMINGTON AVENUE HARTFORD CT 8,100. KATELYNN'S RIDE/WALK/RUN NONE NONPRIVATE COMMUNITY ASSISTANCE PO BOX 755 172. SPRINGFIELD, MA NONE NONPRIVATE KRANNERT SCHOOL OF MANAGEMENT COMMUNITY ASSISTANCE PURDUE UNIVERSITY FOUNDATION 403 WESTWOOD STREET, RM 137 WEST LAFAYETTE IN 100. NONPRIVATE COMMUNITY ASSISTANCE LAHEY HOSPITAL & MEDICAL CTR, NONE PHILANTHROPY 41 MALL ROAD BURLINGTON , MA 1,000. LOAVES & FISHES NONE NONPRIVATE COMMUNITY ASSISTANCE 646 PROSPECT AVENUE 500, HARTFORD, CT MAINE CANCER FOUNDATION NONE NONPRIVATE COMMUNITY ASSISTANCE 170 US ROUTE 1, SUITE 250 185. FALMOUTH, ME NONE NONPRIVATE COMMUNITY ASSISTANCE MERCY'S HOPE 206 EAST BOONSLICK 1.000. WARRENTON MO NONE NONPRIVATE COMMUNITY ASSISTANCE MISSOURI BOTANICAL GARDEN 4344 SHAW BLVD. 600. ST. LOUIS MO NONE NONPRIVATE COMMUNITY ASSISTANCE MOVEMBER FOUNDATION P.O. BOX 1595 CULVER CITY, CA 102. MUHLENBERG CNTY 4-H FOOD FOR KIDS NONE NONPRIVATE COMMUNITY ASSISTANCE 3690 ST RT 1380 200. CENTRAL CITY, KY

100.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient MUHLENBERG COUNTY OPPORTUNITY CENTER NONE NONPRIVATE COMMUNITY ASSISTANCE 615 OPPORTUNITY WAY GREENVILLE KY 2,500. MUHLENBERG COUNTY SCHOOL SYSTEM NONE NONPRIVATE COMMUNITY ASSISTANCE 510 W MAIN ST POWDERLY KY 5,000. NATIONAL ALOPECIA AREATA FOUNDATION NONE NONPRIVATE COMMUNITY ASSISTANCE 14 MITCHELL BLVD SAN RAFAEL CA 100. NONPRIVATE NATIONAL MS SOCIETY NONE COMMUNITY ASSISTANCE GREATER NEW ENGLAND CHAPTER 101A FIRST AVE. SUITE 6 WALTHAM MA 511. NATIONAL MULTIPLE SCLEROSIS SOCIETY NONE NONPRIVATE COMMUNITY ASSISTANCE CONNECTICUT CHAPTER 659 TOWER AVENUE 355. HARTFORD, CT NONE NONPRIVATE NEW BRITAIN MUSEUM OF ART COMMUNITY ASSISTANCE 56 LEXINGTON STREET NEW BRITAIN, CT 100. NEW ENG CTR FOR HOMELESS VETERANS NONE NONPRIVATE COMMUNITY ASSISTANCE 17 COURT STREET BOSTON MA 415. NEW ENGLAND WILDLIFE CENTER NONE NONPRIVATE COMMUNITY ASSISTANCE 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 1,100. NEW INCENTIVES NONE NONPRIVATE COMMUNITY ASSISTANCE 340 S LEMON AVENUE #6133 WALNUT CA 500. NEWTON-WELLESLEY HOSPITAL NONE NONPRIVATE COMMUNITY ASSISTANCE CHARITABLE FOUNDATION 2014 WASHINGTON

STREET NEWTOWN MA

225.

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 Purpose of grant or Amount status of contribution Name and address (home or business) recipient NORTHEAST ANIMAL SHELTER NONPRIVATE NONE COMMUNITY ASSISTANCE 347 HIGHLAND AVENUE 100. SALEM, MA NONE NORTHWESTERN UNIVERSITY NONPRIVATE COMMUNITY ASSISTANCE ALUMNI RELATIONS & DEVELOPMENT 1201 DAVIS STREET EVANSTON, IL 750. OCEAN COMMUNITY YMCA NONE NONPRIVATE COMMUNITY ASSISTANCE MYSTIC BRANCH 1 HARRY AUSTIN DRIVE MYSTIC CT 2,000. PAN-MASS CHALLENGE NONE NONPRIVATE COMMUNITY ASSISTANCE P.O. BOX 415590 BOSTON MA 1,318, NONE PATRICK ANIMAL WELFARE SOCIETY NONPRIVATE COMMUNITY ASSISTANCE P.O. BOX 743 STUART, VA 500. COMMUNITY ASSISTANCE PHILADELPHIA ZOO NONE NONPRIVATE DEVELOPMENT OFFICE 3400 WEST GIRARD AVENUE PHILADELPHIA PA 2,000. PITTSYLVANIA DEVELOPMENT SCHOLARSHIP NONE NONPRIVATE COMMUNITY ASSISTANCE FUND P.O. BOX 232 CHATHAM VA 4,000. PORTLAND PUBLIC SCHOOL SYSTEM NONE NONPRIVATE COMMUNITY ASSISTANCE 501 N DIXON ST PORTLAND, OR 10,000. PURDUE UNIVERSITY NONE NONPRIVATE COMMUNITY ASSISTANCE 403 W WOOD STREET 100, WEST LAFAYETTE IN RAILS TO TRAILS CONSERVANCY NONE NONPRIVATE COMMUNITY ASSISTANCE 2121 WARD COURT, NW, 5TH FLOOR

WASHINGTON . DC

3 Grants and Contributions Paid During the	Year (Continuation)	1		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (name of business)	or substantial contributor	recipient		- · ——-
		1		
RENAISSANCE VOICES	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
P.O. BOX 86				150
PORTLAND, ME				150
		NOVED THE ME	CONGRESS AGGETANAS	
INGGOLD FIRE DEPT	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
INGGOLD, VA				6,000
RIVER HOUSE	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
P.O. BOX 3226				
EVERLY, MA				250
RIVERS ALLIANCE	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
WEST STREET, SUITE 33, PO BOX 1897				
ITCHFIELD, CT				1,100
ROCA DEVELOPMENT DEPT.	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
01 PARK STREET				
CHELSEA, MA		· · · · · ·		415
SAN FERNANDO MISSION	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
.5151 SAN FERNANDO MISSION BLVD				100
itssion ribbs , CA				100
TANADARA A DEFENDA GUANGE	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
SIMSBURY A BETTER CHANCE	NONE	NONFRIVATE	COMMONITI ASSISTANCE	
IMSBURY, CT				1,000
SIMSBURY CELEBRATES	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
PO BOX 495				
SIMSBURY, CT		- 		2,000
SIMSBURY HIGH SCHOOL	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
34 FARMS VILLAGE ROAD				1 750
SIMSBURY, CT				1,750
		VONDE TO THE	CONGRATAN ACCTOMANCE	
SIMSBURY JUNIOR WOMAN'S CLUB	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
SIMSBURY CT				2,000
Total from continuation sheets				

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	of Substantial Contributor	Toopion		
IMSBURY LAND TRUST	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
O.O. BOX 634			}	
IMSBURY, CT				1(
IMSBURY LIGHT OPERA COMPANY	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
P.O. BOX 323				10
IMSBURY MAIN ST. PARTNERSHIP	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
P.O. BOX 1101				
SIMSBURY, CT				7,60
OUTH WINDSOR HIGH SCHOOL	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
.61 NEVERS RD				1,75
SPECIAL OLYMPICS	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
2666 STATE STREET, SUITE 1				
HAMDEN, CT				2,91
SPORTSLIFE INTERNATIONAL	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
P.O. BOX 5278				10
PRINGFIELD, MA				
PRINGFIELD PREGNANCY CARE CTR	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
704 SUMNER AVENUE	HONE			
PRINGFIELD, MA				1,50
ST. LOUIS CHILDREN'S HOSPITAL	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
FOUNDATION				
001 HIGHLANDS PLAZA DRIVE W, SUITE				
60 ST, LOUIS, MO				60
THE AGAPE HELP HOUSE OF PACIFIC	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
L20 LA MAR PARKWAY PACIFIC, MO				20
THE BUSHNELL	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	
L66 CAPITOL AVENUE				
HARTFORD CT				9,00

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient NONPRIVATE THE CARROLL CTR FOR THE BLIND NONE COMMUNITY ASSISTANCE 770 CENTRE STREET NEWTOWN MA 1,000. THE GIDEONS INTERNATIONAL NONE NONPRIVATE COMMUNITY ASSISTANCE P.O. BOX 140800 NASHVILLE, TN 1,000. NONE NONPRIVATE THE SAGE COLLEGES COMMUNITY ASSISTANCE 65 1ST STREET TROY, NY 4,000. THE UNIV OF IL FOUNDATION NONE NONPRIVATE COMMUNITY ASSISTANCE HARKER HALL 1305 GREEN STREET URBANA IL 100. THE USO NONE NONPRIVATE COMMUNITY ASSISTANCE P.O. BOX 96860 250. WASHINGTON DC THREE BAYS PRESERVATION NONE NONPRIVATE COMMUNITY ASSISTANCE P.O. BOX 215 OSTERVILLE MA 100. NONE NONPRIVATE COMMUNITY ASSISTANCE TINY LOVING CANINES, INC. 2828 COCHRAN ST. #215 SIMI VALLEY, CA 2,700. NONE NONPRIVATE COMMUNITY ASSISTANCE TREASURED TIME P.O. BOX 152 400. SEYMOUR _ CT TURNING POINT NONE NONPRIVATE COMMUNITY ASSISTANCE P.O. BOX 426 1,000. WARRENTON, MO NONPRIVATE COMMUNITY ASSISTANCE UNITED MITOCHONDRIAL DISEASE NONE FOUNDATION 8085 SALTSBURG ROAD SUITE 201 PITTSBURG PA 200. 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 Purpose of grant or Amount status of contribution Name and address (home or business) recipient NONPRIVATE COMMUNITY ASSISTANCE NONE UNITED WAY 30 LAUREL STREET HARTFORD, CT 676. NONE NONPRIVATE COMMUNITY ASSISTANCE UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 250, UNIVERSITY OF NEW HAMPSHIRE NONE NONPRIVATE COMMUNITY ASSISTANCE ELLIOTT ALUMNI CENTER 9 EDGEWOOD ROAD DURHAM, NH 200. UNIVERSITY OF ROCHESTER NONE NONPRIVATE COMMUNITY ASSISTANCE 300 EAST RIVER ROAD ROCHESTER NY 100. NONE USF GOLF TOURNAMENT NONPRIVATE COMMUNITY ASSISTANCE 70 BLUE HERON CT. SANFORD, NC 10,000. COMMUNITY ASSISTANCE NONPRIVATE VENTURA COUNTY SME EDUCATION CHAPTER NONE 67 GLENBROOK ROAD 5,000. WEST HARTFORD CT NONPRIVATE COMMUNITY ASSISTANCE VOID - RIVERS ALLIANCE NONE 7 WEST STREET, SUITE 33 -1,000. LITCHFIELD CT NONE NONPRIVATE COMMUNITY ASSISTANCE WALK MS 200. WEST HARTFORD EXCHANGE CLUB NONE NONPRIVATE COMMUNITY ASSISTANCE FOUNDATION 67 GLENBROOK ROAD 500. WEST HARTFORD CT WESTLAKE ELEMENTARY SCHOOL PFA NONE NONPRIVATE COMMUNITY ASSISTANCE 1571 PORTRERO ROAD WESTLAKE VILLAGE, CA 600. Total from continuation sheets

THE ENSIGN-BICKFORD FOUNDATION, INC. 06-6041097

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 status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor WESTLAKE ELEMENTARY STEAM PROGRAM NONE NONPRIVATE COMMUNITY ASSISTANCE 1571 PORTRERO ROAD WESTLAKE VILLAGE CA 3,400. NONE WFBC-HAITI NONPRIVATE COMMUNITY ASSISTANCE 18 MOUNTAIN ROAD FALMOUTH, ME 420. NONE WHITEHEART FOUNDATION NONPRIVATE COMMUNITY ASSISTANCE PO BOX 1911 AGOURA HILLS, CA 5,000, NONPRIVATE COMMUNITY ASSISTANCE WICKED IN PINK NONE 53 FAIRVIEW STREET AGAWAM, MA 1,000. NONE NONPRIVATE COMMUNITY ASSISTANCE WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD JACKSONVILLE, FL 528. YANKEE INSTITUTE NONE NONPRIVATE COMMUNITY ASSISTANCE 800 CONNECTICUT BOULEVARD 100. EAST HARTFORD, CT 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 www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization **Employer identification number** 06-6041097 THE ENSIGN-BICKFORD FOUNDATION, INC. Organization type (check one):

Organization type (onco	· Colloj.
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	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 General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
X For an organizat	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or iny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 utor, 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, EZ, line 1. Complete Parts I and II.
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.
year, contributions checked, enter purpose. Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the one exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box for the total contributions that were received during the year for an exclusively religious, charitable, etc., tomplete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year
	n 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), 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)

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) (2015)

Name of organization

Employer identification number

THE ENSIGN-BICKFORD FOUNDATION, INC.

06-6041097

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ENSIGN-BICKFORD INDUSTRIES 125 POWDER FOREST DRIVE SIMSBURY, CT 06070	\$	Person X Payroll		
(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 Noncash (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 Noncash (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)		

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			
·						
•		\$				
(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			
1.						
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
Part I						
(a) No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(see instructions)	Date received			
—						
		\$	990, 990-EZ, or 990-PF) (2			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) **Employer identification number** Name of organization 06-6041097 THE ENSIGN-BICKFORD FOUNDATION, INC. 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 Part III 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part l (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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

FORM 990-PF	ACCOUNTING FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
FIORITA KORNHAAS & CO	2,500.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	2,500.	0.	0.	0.	
FORM 990-PF	OTHER E	XPENSES	SI	PATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
CHECKS	224.	0.	0.	224.	
TO FORM 990-PF, PG 1, LN 23	224.	0.	0.	224.	
	SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S1	CATEMENT 3	
NAME OF CONTRIBUTOR	ADDR	ESS			
ENSIGN-BICKFORD INDUSTRIES		SIMSBURY FORES			

	T OF OFFICERS, D FOUNDATION MANA		STATI	EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
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.
JOSEPH E. LOVEJOY 125 POWDER FOREST DR PO BOX 7 SIMSBURY, CT 06070	CHAIRMAN 0.20	0.	0.	0.
THOMAS J. PERLITZ 125 POWDER FOREST DR PO BOX 7 SIMSBURY, CT 06070	PRESIDENT 0.20	0.	0.	0.
BILL WELCH 125 POWDER FOREST DR PO BOX 7 SIMSBURY, CT 06070	VP/SECY 0.20	0.	0.	0.
DAVID DEMEO 125 POWDER FOREST DR PO BOX 7 SIMSBURY, CT 06070	TREASURER 0.20	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, 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

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.