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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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

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)
999 17TH STREET SUITE 900

Room/suite

B Telephone number (see instructions)
(303) 583-1345

City or town, state or province, country, and ZIP or foreign postal code
DENVER, CO 80202

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)* ▶$ 4,257,801

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) (see instructions))*

			(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 (attach schedule)	1,000,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	64,922	64,922		
	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) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	1,064,922	64,922	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 (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	60,260	0	0	0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	60,260	0	0	0
	25	Contributions, gifts, grants paid	404,120			404,120
	26	**Total expenses and disbursements.** Add lines 24 and 25	464,380	0	0	404,120
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	600,542			
	b	**Net investment income** (if negative, enter -0-)		64,922		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	140,124	115,744	115,744
	2 Savings and temporary cash investments	683,316	454,859	454,859
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	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 (attach schedule)			
	b Investments—corporate stock (attach schedule)	2,196,324	3,687,198	3,687,198
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	3,019,764	4,257,801	4,257,801
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 (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	3,019,764	4,257,801	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg , and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	3,019,764	4,257,801	
	30 **Total liabilities and net assets/fund balances** (see instructions)	3,019,764	4,257,801	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	3,019,764
2	Enter amount from Part I, line 27a	2	600,542
3	Other increases not included in line 2 (itemize) ▶	3	637,495
4	Add lines 1, 2, and 3	4	4,257,801
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 29	6	4,257,801

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				

	(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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(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	
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) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	305,399	2,963,248	0 103062
2017	292,071	3,415,198	0 085521
2016	162,721	1,189,615	0 136785
2015	189,525	46,932	4 038289
2014	303,114	27,647	10 963721

2	**Total** of line 1, column (d)	2	15 327378
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	3 065476
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	4,203,751
5	Multiply line 4 by line 3	5	12,886,498
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	649
7	Add lines 5 and 6	7	12,887,147
8	Enter qualifying distributions from Part XII, line 4	8	404,120

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 ▶ ☐ and enter 1% of Part I, line 27b	1	1,298
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	1,298
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	1,298
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 1,828		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 500		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	2,328
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	2
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	1,028
11	Enter the amount of line 10 to be **Credited to 2020 estimated tax** ▶ 1,028 **Refunded** ▶	11	0

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		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
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		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	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		No
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	Yes	
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	Yes	
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	Yes	
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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	Yes	

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW E-BFOUNDATION COM

14 The books are in care of ▶ LISA CASTILLO Telephone no ▶ (303) 583-1345

Located at ▶ 999 17TH STREET SUITE 900 DENVER CO ZIP+4 ▶ 80202

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

16	At any time during calendar year 2019, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶	16		No

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	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 2019?	1c		No
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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☑ No If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
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)	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 ▶ 20____ , 20____ , 20____ , 20____			
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 2019 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 2019).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2019?	4b		No

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

			Yes	No
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	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?	☐ 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		No
	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?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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. See instructions

(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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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 (see instructions). 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	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
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	125,711
c	Fair market value of all other assets (see instructions)		1c	4,142,057
d	**Total** (add lines 1a, b, and c)		1d	4,267,768
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	4,267,768
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	64,017
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	4,203,751
6	**Minimum investment return.** Enter 5% of line 5		6	210,188

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	210,188
2a	Tax on investment income for 2019 from Part VI, line 5	2a 1,298		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	1,298
3	Distributable amount before adjustments Subtract line 2c from line 1		3	208,890
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	208,890
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	208,890

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	404,120
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	404,120
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 See instructions		5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4		6	404,120

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				208,890
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014. 301,732				
b From 2015. 187,178				
c From 2016. 103,445				
d From 2017. 121,912				
e From 2018. 158,456				
f Total of lines 3a through e.	872,723			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 404,120				
a Applied to 2018, 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 2019 distributable amount.				208,890
e Remaining amount distributed out of corpus	195,230			
5 Excess distributions carryover applied to 2019	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	1,067,953			
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 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7 (see instructions) . . .	301,732			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	766,221			
10 Analysis of line 9				
a Excess from 2015. . . . 187,178				
b Excess from 2016. . . . 103,445				
c Excess from 2017. . . . 121,912				
d Excess from 2018. . . . 158,456				
e Excess from 2019. . . . 195,230				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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))

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

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 to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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

DI RIVERA
999 17TH STREET SUITE 900
DENVER, CO 80202
(303) 583-1345

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

A LETTER STATING THE PURPOSE OF THE REQUEST, ANNUAL BUDGET, OTHER FUNDING AND GEOGRAPHIC AREA IN WHICH PROCEEDS WILL BE DISTRIBUTED

c Any submission deadlines

NONE

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

ORGANIZATIONS WITHIN THE LOCAL GEOGRAPHIC AREA OF THE FOUNDATION'S CORPORATE OFFICES ARE GENERALLY SUPPORTED

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* See Additional Data Table				
Total . . . . . ▶ **3a**				404,120
b *Approved for future payment*				
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) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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. . . .			14	64,922	
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		64,922	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	64,922

(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) (See instructions)

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) (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)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

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

******	2020-08-24	******
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		2020-08-24		P00638833

Firm's name ▶ FIORITAKORNHAAS & COMPANY PC	Firm's EIN ▶06-1183747
Firm's address ▶ 146 DEER HILL AVENUE DANBURY, CT 06810	Phone no (203) 790-1040

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
JOSEPH E LOVEJOY 999 17TH STREET SUITE 900 DENVER, CO 80202	CHAIRMAN 0 20	0	0	0
THOMAS J PERLITZ 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
JARED LOZO 999 17TH STREET SUITE 900 DENVER, CO 80202	DIRECTOR 0 20	0	0	0
DOROTHY HAMMETT 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
BRENDAN M WALSH 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
WILLIAM M WELCH 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
DAVID DEMEO 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
KELLY FRAUENKNECHT 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
BRENDAN KEHOE 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
CAMERON MOYER 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
CHAD THOMPSON 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
KIEL DAVIS 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0
ANDY PLINER 999 17TH STREET SUITE 900 DENVER, CO 80202	OFFICER 0 20	0	0	0

Form 990PF Part XV Line 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*				
ALPHA KAPPA EDUCATIONAL FOUND PO BOX 865 ROLLA, MO 65402	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
AMER FOUND FOR SUICIDE PREVENT 120 WALL STREET NEW YORK, NY 10005	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	441
AMERICAN CANCER SOCIETY INC 825 BROOK ST-I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
AMERICAN CANCER SOCIETY INC 825 BROOK ST-I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
ASCENT SOCCER USA1440 W ST NW WASHINGTON, DC 20009	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
ASHOKA US 1700 NORTH MOORE STREET ARLINGTON, VA 22209	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
AURORA FIRST BAPTIST CHURCH 201 S JEFFERSON AURORA, MO 65605	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	5,000
AURORA MARCHING BAND 305 W PROSPECT AURORA, MO 65605	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
AURORA MISSOURI LION'S CLUB 608 EAST KIRKWOOD DRIVE AURORA, MO 65605	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
AURORA UNITED METHODIST 1211 S CARNATION DRIVE AURORA, MO 65605	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	3,000
AVON DOLLARS FOR SCHOLARS PO BOX 706 AVON, CT 06001	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
AXIA PROJECT1719 GLEN AVE PASADENA, CA 91103	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
BATES COLLEGE2 ANDREWS ROAD LEWISTON, ME 04240	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	125
BAYSTATE HEALTH FOUNDATION 280 CHESTNUT STREET SPRINGFIELD, MA 01199	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	418
BERKELEY HIGH SCHOOL JAZZ PROGRAM PO BOX 1027 BERKELEY, CA 94701	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
BIG CITY MOUNTAINEERS 710 10TH STREET GOLDEN, CO 80401	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	933
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
CAMP MOWGLISPO BOX 9 HEBRON, NH 03241	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,903
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
CAMP MOWGLISPO BOX 9 HEBRON, NH 03241	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
CASTLEBAY LANE ELEMENTARY 19010 CASTLEBAY LANE PORTER RANCH, CA 91326	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
CHRIST THE KING SCHOOL 1500 KINGSWAY DRIVE MADISONVILLE, KY 42431	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	900
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
CLARKSON UNIVERSITY 8 CLARKSON AVENUE POTSDAM, NY 13699	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
COLLGATE UNIVERSITY13 OAK DRIVE HAMILTON, NY 13346	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
CONN HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
CONN SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	50,000
CONN WOMEN'S HALL OF FAME 320 FITCH STREET NEW HAVEN, CT 06515	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,200
CONN WOMEN'S HALL OF FAME 320 FITCH STREET NEW HAVEN, CT 06515	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	5,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
CONNECTICUT THEATRE COMPANY 23 NORDEN STREET NEW BRITAIN, CT 06051	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100
DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
FAMILY PROMISE NO SHORE BOSTON PO BOX 507 BEVERLY, MA 01915	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
FARMINGTON VALLEY VNA 8 OLD MILL LANE SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
FIDELITY CHARITABLE GIFT FUND-ERRACE 100 CROSBY PARKWAY COVINGTON, KY 41014	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	328
FIRST200 BEDFORD STREET MANCHESTER, NH 03101	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
FOOTHILL UNITY CENTER 790 WEST CHESTNUT AVENUE MONROVIA, CA 91016	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	3,000
FOUNDATION FOR PORTLAND PUBLIC 353 CUMBERLAND AVE PORTLAND, ME 04101	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
FOUNDATION FOR PORTLAND PUBLIC 353 CUMBERLAND AVE PORTLAND, ME 04101	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	16,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
GIFTS OF LOVEPO BOX 463 AVON, CT 06001	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	3,000
GIRLS ON THE RUN- MAINE ONE KAREN DRIVE WESTBROOK, ME 04092	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
GIRLS ON THE RUN- MAINE ONE KAREN DRIVE WESTBROOK, ME 04092	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	3,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
GOODSPEED OPERA HOUSEPO BOX A EAST HADDAM, CT 064230281	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100
GRANBY MEMORIAL HIGH SCHOOL RO 315 SALMON BROOK ST GRANBY, CT 06035	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	200
GREATER MUHLENBERG PARKS & REC PO BOX 169 GREENVILLE, KY 42345	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
HALL HIGH SCHOOL PTO SAFE GRAD 975 N MAIN ST WEST HARTFORD, CT 06117	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	350
HARTFORD PUBLIC LIBRARY 30 STATE HOUSE SQUARE HARTOFRD, CT 06103	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	235
HARTFORD SYMPHONY ORCHESTRA 166 CAPITOL AVENUE HARTFORD, CT 06106	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,724
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
HEALING MEALS FOUNDATION CORP PO BOX 501 SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	3,000
HOPKINS COUNTY BOARD OF EDUCATION 320 S SEMINARY STREET MADISONVILLE, KY 42431	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
HORIZONS AT WESTMINSTER 995 HOPMEADOW STREET SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	15,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
JDRF INTERNATIONAL-MO CHAPTER 50 CRESTWOOD EXECUTIVE DRIVE ST LOUIS, MO 63126	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	200
JUNIOR ACHIEVEMENT OF 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	5,000
JUNIOR ACHIEVEMENT OF 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
JUNIOR ACHIEVEMENT OF ST LOUIS INC 17339 N OUTER 40 ROAD CHESTERFIELD, MO 63005	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	5,000
KEARNS COMMUNITY CENTER 239 TURKEY HILLS RD EAST GRANBY, CT 06026	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
KIAWAH WOMENS' FOUNDATION 535 BUFFLEHEAD DRIVE KIAWAH ISLAND, SC 29455	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
LAHEY CLINIC FOUNDATION 41 MALL ROAD BURLINGTON, MA 01805	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
LIVE LIKE BECCA SCHOLARSHIP 9 GORDON STREET MALDEN, MA 02148	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	300
LOAVES AND FISHES MINISTRIES 646 PROSPECT AVENUE HARTFORD, CT 06105	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	200
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
LOAVES AND FISHES MINISTRIES 646 PROSPECT AVENUE HARTFORD, CT 06105	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
MAIN STREET AURORA 114 WEST LOCUST AURORA, MO 65605	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	9,750
MAIN STREET AURORA 114 WEST LOCUST AURORA, MO 65605	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	12,500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
MAINE CANCER FOUNDATION 170 US ROUTE 1 FALMOUTH, ME 04105	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100
MAINE CANCER FOUNDATION 170 US ROUTE 1 FALMOUTH, ME 04105	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
MAINE ROLLER DERBYPO BOX 8413 PORTLAND, ME 04104	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
MARTHA'S VINEYARD HOSPITAL PO BOX 1477 OAK BLUFFS, MA 02557	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	150
MERCY HEALTH FOUNDATION 615 S NEW BALLAS RD ST LOUIS, MO 63141	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
MERCY'S HOPE18506 ROYAL DRIVE WARRENTON, MO 63383	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
MISSOURI UNIVERSITY OF SCIENCE 1201 N STATE STREET ROLLA, MO 65409	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
NATIONAL INSTITUTE OF AEROSPAC 100 EXPLORATION WAY HAMPTON, VA 23666	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	5,000
NATIONAL MULTIPLE SCLEROSIS SO 733 THIRD AVENUE NEW YORK, NY 10017	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	449
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
NCSSM FOUNDATIONPO BOX 2733 DURHAM, NC 277152733	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
NEW ENGLAND WILDLIFE CENTER 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
NEW ENGLAND WILDLIFE CENTER 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
NEW ENGLAND WILDLIFE CENTER 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
NEW ENGLAND WILDLIFE CENTER 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
NOD ROAD PRESERVATION INC PO BOX 233 AVON, CT 06001	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
NORTHEAST ANIMAL SHELTER 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	125
NORTHEAST ANIMAL SHELTER 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	125
OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 02891	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
OSTERVILLE VILLAGE LIBRARY 43 WIANNO AVENUE OSTERVILLE, MA 02655	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
OUTREACH UNITED RESOURCE CENTER INC 220 COLLYER STREET LONGMONT, CO 80501	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	3,000
PAN MASS CHALLENGE77 4TH AVENUE NEEDHAM, MA 02494	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	120
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
PAN MASS CHALLENGE77 4TH AVENUE NEEDHAM, MA 02494	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	200
PAN MASS CHALLENGE77 4TH AVENUE NEEDHAM, MA 02494	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	890
PARADOX SPORTS 3330 ELDORADO SPRINGS ELDORADO SPRINGS, CO 80025	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	263
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
PASADENA EDUCATIONAL 351 S HUDSON AVE RM 153 PASADENA, CA 91101	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,500
PEDIGREE FOUNDATION 2013 OVATION PARKWAY FRANKLIN, TN 37067	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,500
PLANNED PARENTHOOD OF SO NE 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
PRESIDENT AND FELLOWS OF 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
PURDUE UNIVERSITY 403 W WOOD STREET WEST LAFAYETTE, IN 479072007	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100
PURDUE UNIVERSITY 403 W WOOD STREET WEST LAFAYETTE, IN 479072007	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	225
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
PURDUE UNIVERSITY 403 W WOOD STREET WEST LAFAYETTE, IN 479072007	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	17,500
SAINT LOUIS ZOO1 GOVERNMENT DR ST LOUIS, MO 63110	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
SAN RAFAEL HIGH SCHOOL BOOSTER PO BOX 151203 SAN RAFAEL, CA 94915	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	700
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
SCIART EXCHANGE 4315 INDIAN SUNRISE COURT HOUSTON, TX 77059	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	5,000
SIMSBURY HIGH SCHOOL 34 FARMS VILLAGE ROAD SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
SIMSBURY LAND TRUSTPO BOX 634 SIMSBURY, CT 060700634	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
SIMSBURY MEADOW PERFORMING ART 22 IRON HORSE BLVD SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,500
SIMSBURY VOLUNTEER AMBULANCE A 64 WEST STREET SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100
SIMSBURY VOLUNTEER FIRE COMPANY 871 HOPMEADOW STREET SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
SINALOA MIDDLE SCHOOL PTSA 2045 VINEYARD ROAD NOVATO, CA 94947	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	300
SOUTH WINDSOR HIGH SCHOOL 161 NEVERS ROAD SOUTH WINDSOR, CT 06074	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
SPRINGFIELD RESCUE MISSION 10 MILL ST SPRINGFIELD, MA 01102	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	100
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
ST LOUIS SCIENCE CENTER FOUNDATION 5050 OAKLAND AVENUE ST LOUIS, MO 63110	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
ST FRANCIS FOUNDATION 95 WOODLAND STREET HARTFORD, CT 061059720	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
ST VRAIN VALLEY EDUCATIONAL FOUNDATION PO BOX 2598 LONGMONT, CO 80502	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
STEPHEN SILLER TUNNEL TO TOWER 2361 HYLAND BLVD STATEN ISLAND, NY 10306	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	266
THE BUSHNELL166 CAPITOL AVENUE HARTFORD, CT 06106	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	500
THE COBB SCHOOL MONTESSORI 112 SAND HILL ROAD SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
THE MARS SOCIETY 11111 W 8TH AVE UNIT A LAKEWOOD, CO 80215	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,500
THE SUSIE FOUNDATION66 COOK LANE BEACON FALLS, CT 06403	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
THE TELLING ROOM 225 COMMERCIAL STREET PORTLAND, ME 04101	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	200
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
THREE BAYS PRESERVATION PO BOX 215 OSTERVILLE, MA 02655	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	250
TOWN OF SIMSBURY 933 HOPMEADOW STREET SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,500
TOWN OF SIMSBURY 933 HOPMEADOW STREET SIMSBURY, CT 06070	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	18,500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT STREET DENVER, CO 80203	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	7,000
UNIVERSITY OF CONNECTICUT 2390 ALUMNI DRIVE STORRS, CT 06269	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
UNIVERSITY OF CONNECTICUT 2390 ALUMNI DRIVE STORRS, CT 06269	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
UNIVERSITY OF NH FOUNDATION 9 EDGEWOOD ROAD DURHAM, NH 03824	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
UNIVERSITY OF SOUTHERN 1150 S OLIVE ST LOS ANGELS, CA 90015	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	3,000
WARREN COUNTY COUNCIL AGAINST PO BOX 426 WARRENTON, MO 633830426	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
WEST HARTFORD EXCHANGE CLUB FOUNDATION 67 GLENBROOK ROAD WEST HARTFORD, CT 06107	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	600
WHEN THE SAINTS 6614 CLAYTON ROAD ST LOUIS, MO 63117	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,000
WOOD RANCH PTA 455 CIRCLE KNOLL DRIVE SIMI VALLEY, CA 93065	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	1,500
Total . . . . . ▶ **3a**				404,120

Form 990PF Part XV Line 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*				
WORCESTER POLYTECHNIC 100 INSTITUTE ROAD WORCESTER, MA 01609	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
WRIGHT CITY R-II SCHOOL DISTRICT FOUND 90 BELL ROAD WRIGHT CITY, MO 63390	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	10,000
YWCA OF WESTERN MASSACHUSETTS ONE CLOUGH STREET SPRINGFIELD, MA 011182213	NONE	NONPRIVATE	COMMUNITY ASSISTANCE	2,000
Total . . . . . ▶ **3a**				404,120

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491248003010

TY 2019 Investments Corporate Stock Schedule

Name: THE ENSIGN-BICKFORD FOUNDATION INC

EIN: 06-6041097

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VANGUARD 500 INDEX ADMIRAL CL	3,687,198	3,687,198

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TY 2019 Other Expenses Schedule

Name: THE ENSIGN-BICKFORD FOUNDATION INC

EIN: 06-6041097

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES & REGISTRATIONS	1,800	0	0	0
OTHER PROFESSIONAL	58,460	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491248003010

TY 2019 Other Increases Schedule

Name: THE ENSIGN-BICKFORD FOUNDATION INC

EIN: 06-6041097

Description	Amount
UNREALIZED GAIN (LOSS)	637,495

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TY 2019 Substantial Contributors Schedule

Name: THE ENSIGN-BICKFORD FOUNDATION INC

EIN: 06-6041097

Name	Address
ENSIGN-BICKFORD INDUSTRIES	999 17TH STREET SUITE 900 DENVER, CO 80202

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2019

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 other 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 Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Part I **Contributors** **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 999 17TH STREET SUITE 900 DENVER, CO 80202	$ 1,000,000	☑ 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)
-		$	☐ 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 information once. See instructions.) ▶ $** ______________

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