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

# Extended to October 17, 2016 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

For cale	idar year 2015 or tax year beginning MAR	1, 2015	, and ending	FEB 29, 2016	<u> </u>
Name o	foundation			A Employer identificatio	n number
THE	COLLIS FOUNDATION			06-1472006	5
Number a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_8 S	OUND SHORE DRIVE		200	401-331-50	005
City or t	own, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is	pending, check here
<u>GRE</u>	ENWICH, CT 06830			]	
<b>G</b> Check	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return		3	
	X Address change	Name change	<del>-</del>	Foreign organizations m check here and attach c	computation
_	type of organization: $X$ Section 501(c)(3) ex			E If private foundation sta	atus was terminated
Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	I)(A), check here
I Fair m	arket value of all assets at end of year   J   Account	-	Accrual	F If the foundation is in a	60-month termination
(from	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1	I)(B), check here
<u>▶\$</u>	15,183,431. (Part I, colu	ımn (d) must be on cash b	pasis)		<del></del>
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	3,380,704.		N/A	<del>  - ` </del>
2	Check If the foundation is not required to attach Sch B			1	
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	230,492.	230,492.		Statement 1
5a	Gross rents				
Ь	Net rental income or (loss)			<b>(</b>	
6a	Net gain or (loss) from sale of assets not on line 10	6,263,899.		I RFC	-IVED I
Revenue 2	Gross sales price for all assets on line 6a 11,736,862.				
8 / 7	Capital gain net income (from Part IV, line 2)		6,263,899.	L TOUT 1	9 2016
8 ا <sup>عم</sup>	Net short-term capital gain			IXI OC. 1	lới l
9	Income modifications		·	OGDE	
10a	Gross sales less returns and allowances		<del> </del>	UGUE	= N, O I
b	Less Cost of goods sold				
C	Gross profit or (loss)		<del></del>		<del></del>
11	Other income	985.	985.		Statement 2
12	Total. Add lines 1 through 11	9,876,080.	6,495,376.		<u> </u>
13	Compensation of officers, directors, trustees, etc	0.	0.	ļ	0.
14	Other employee salaries and wages	<u> </u>			<del> </del>
9 15 9 16a	Pension plans, employee benefits	<u> </u>		<del> </del>	<del></del>
ဗ္ဗ   16a	Legal fees	2 050		<del> </del>	2 050
<b>(2.</b> )	Accounting fees Stmt 3	3,950.	0.		3,950.
	Other professional fees Stmt 4	20,670.		<del>\</del>	20,670.
Administrative 50 11 12 12 12 12 12 12 12 12 12 12 12 12	Interest Taxes Stmt 5	643.	0.		643.
istra 19	Depreciation and depletion	043.		<del> </del>	045.
E 20	Occupancy			<del> </del>	<del> </del>
D 21	Travel, conferences, and meetings	21,588.	0.	<del> </del>	21,588.
pue 22	Printing and publications	21,300.		<del> </del>	21,300.
	Other expenses Stmt 6	25,021.	23,771.	<del> </del>	1,250.
<u> </u>	Total operating and administrative		20///1	<del> </del>	1 2,230.
Jer.	expenses. Add lines 13 through 23	71,872.	23,771.		48,101.
Ö 25	Contributions, gifts, grants paid	579,762.			579,762.
	Total expenses and disbursements.				
	Add lines 24 and 25	651,634.	23,771		627,863.
27	Subtract line 26 from line 12:				
- 1	Excess of revenue over expenses and disbursements	9,224,446.			
	Net investment income (if negative, enter -0-)		6,471,605		
c	Adjusted net income (if negative, enter -0-)			N/A	
523501 11-24-15	LHA For Paperwork Reduction Act Notice, see	instructions		000	Form <b>990-PF</b> (2015)

FOITH	98	0-PF (2015). THE COLLIS FOUNDATION	Beginning of year	End of	14/2006 Page 2
Pa	rt	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
$\neg \vdash$	1	Cash - non-interest-bearing	66,243.	105,244.	105,244.
- 1		Savings and temporary cash investments		103,211.	100/211.
- 1		Accounts receivable			
	J	Less: allowance for doubtful accounts	^	"	۸ ۶
		Diadaga sagarahla			
	4	Less: allowance for doubtful accounts	v	*	
	_	Grants receivable			
	-				
	b	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons	<u> </u>	,	
-	7	Other notes and loans receivable		,	••
		Less: allowance for doubtful accounts	<u> </u>	····	
ets	8	Inventories for sale or use			
ις.	9	Prepaid expenses and deferred charges			
1 ۲	0a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
ļ	C	Investments - corporate bonds			
1	11	Investments - land, buildings, and equipment basis			
ļ		Less accumulated depreciation			
1	2	Investments - mortgage loans			
[1	3	Investments - other Stmt 7	10,965,934.	16,479,601.	15,078,187.
1	4	Land, buildings, and equipment basis		έ	
		Less accumulated depreciation			
1	15	Other assets (describe			_
1	6	Total assets (to be completed by all filers - see the			
l		instructions. Also, see page 1, item I)	11,032,177.	16,584,845.	15,183,431.
1	17	Accounts payable and accrued expenses			<del></del>
1	18	Grants payable			
ر ا 1	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			•
ছ  ₂	21	Mortgages and other notes payable			
ہ∣ ت		Other liabilities (describe )			
		,			, .
2	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
- 1		and complete lines 24 through 26 and lines 30 and 31.			
8 2	24	Unrestricted			
ĕΙ	25	Temporarily restricted			
B	26	Permanently restricted			<u> </u>
밀		Foundations that do not follow SFAS 117, check here			
곱		and complete lines 27 through 31.			
<u>ة</u> إ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ΰl	29	Retained earnings, accumulated income, endowment, or other funds	11,032,177.	16,584,845.	
. اید	30	Total net assets or fund balances	11,032,177.	16,584,845.	
<b>z</b>   '	,.	Total net assets of fana balances	11/032/1//	10/301/0130	
	3 1	Total liabilities and net assets/fund balances	11,032,177.	16,584,845.	
Pa					
	=				
		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_	11,032,177.
		amount from Part I, line 27a		2	9,224,446.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	20,256,623.
		eases not included in line 2 (itemize) TAX COST ADJUS			3,671,778.
6 T	<u>ota</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	16,584,845.
					Form <b>990-PF</b> (2015)

	1990-PF (2015) THE COLLIS FOUNDATION 06-1 urt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	147200 see ins			oage 4 1 <b>S)</b>
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%		129	, 4	32.
-	of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Add lines 1 and 2		129	4	32.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	129	4	32.
	Credits/Payments:				<u></u> -
	2015 estimated tax payments and 2014 overpayment credited to 2015  [6a]  [3,720]				
	Exempt foreign organizations - tax withheld at source		-		
	Tax paid with application for extension of time to file (Form 8868)  6c 127,000.				
	Backup withholding erroneously withheld  6d  6d				
	Total credits and payments. Add lines 6a through 6d		เฉก	7	20.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		<u> </u>		<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
	· · · · · · · · · · · · · · · · · · ·		1	2	88.
	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   1,288 • Refunded  11			, 4	0.
	irt VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<del></del>		es	No
ıa		-	a '	-	X
_	any political campaign?  Put it apped more than \$100 during the year (atther directly or indirectly) for political purposes (see instructions for the definition)?	<u> </u>		$\dashv$	X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	-	b		
	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.	1.			v
	Did the foundation file Form 1120-POL for this year?	1	C		<u>X</u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			Ì	
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1	
	managers. ► \$0		_	1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u> </u>	2		<u>X</u> _
	If "Yes," attach a detailed description of the activities.	1		- 1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				7.
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u> _
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		a	$\dashv$	<u> </u>
			b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u>X</u> _
	If "Yes," attach the statement required by General Instruction T.			}	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1	
	By language in the governing instrument, or			Ì	
	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?			<u>X</u>	
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	<u> </u>	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ļ	ļ	
	RI				
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)			_	i
_	of each state as required by General Instruction G? If "No," attach explanation	_8	<u>b</u>	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	1			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	$\dashv$	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		0	<u></u>	X (2245)
		Form 9	<del>7</del> 50-	· 22	(2015)

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Pa	art VII-A Statements Regarding Activities (continued)						
			Yes	No			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of						
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X			
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?						
	If "Yes," attach statement (see instructions)	12		X			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х				
-	Website address ► www.guidestar.com						
14	The books are in care of ► ASTRID C. WOMBLE, C/O J.D. CREGAN, Telephone no. ► 401-	331-5	005				
• •		02903					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	0250					
	and enter the amount of tax-exempt interest received or accrued during the year	18	I/A				
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No			
	securities, or other financial account in a foreign country?	16	1.00	X			
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10	·——				
	foreign country			}			
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			L			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No			
4.	a During the year did the foundation (either directly or indirectly):		100	140			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X N	,					
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		}				
	a disqualified person?						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		) '	Ì			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		ļ				
	(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)?	,	1				
	(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.)	_		l			
	olf any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	٠					
		1,		X			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here	_ <u>  1b</u> _	ļ				
		_					
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	4.	}	· •			
	before the first day of the tax year beginning in 2015?  Tayon on follows to distribute process (posters 4043) (does not exply for years the foundation was a process according to the foundation.	<u>1c</u>	<del> </del> -	X			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			×			
_	to the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		}	l			
•	before 2015?  West Tax year 2015, and the roundation have any undistributed income (lines of and be, Part XIII) for tax year (s) beginning  Yes X N	_					
		١					
	If "Yes," list the years \( \bigs \),	~	l				
١	valuation of assets) to the year's undistributed income? (If applying the provisions of section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach						
	statement - see instructions.)	25	Ì				
	the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b	-	-			
•				,			
٥.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	:			
J		_					
	-	ا ت		Ì			
	o 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,	01	}	}			
4.	Form 4720, to determine if the foundation had excess business holdings in 2015.)  N/A  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		+-	-			
		4a	<del>                                     </del>	X			
E	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	41	1	v			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b Form <b>99</b>	C-DE	(2015)			

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Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,	)	
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	5?	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Y	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or			
the prevention of cruelty to children or animals?	, or occount of perpension of		es X No	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	ider the exceptions described		,	
section 53.4945 or in a current notice regarding disaster assistance (see instri	·	rrogulariono	N/A 5	5 <b>b</b>
Organizations relying on a current notice regarding disaster assistance check	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		hane		
expenditure responsibility for the grant?		. —	s 🗀 No	
If "Yes," attach the statement required by Regulations section 53.494		•/ 🕰 🗀 10	15 NO	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay premiums on	[	es X No	
·	norganal hanofit contract?	16	i i	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personar benefit contract?		-5	Sb X
If "Yes" to 6b, file Form 8870.	-h-lit		[ <del>]</del>	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				′b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	inagers, Higni	<b>y</b>	
List all officers, directors, trustees, foundation managers and their	compensation			
List all officers, directors, diastees, foundation managers and their	<del></del>	(c) Compensation	(d) Contributions to	(a) Evnence
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ASTRID C. WOMBLE	DIRECTOR & PR	ESIDENT		
41 UPLAND DRIVE				
GREENWICH, CT 06831	10.00	0.	0.	0.
ELFRIEDE A. COLLIS	DIRECTOR			
233 RUMSTICK ROAD	7			
BARRINGTON, RI 02806	0.00	0.	0.	0.
FROHMAN ANDERSON	DIRECTOR			
170 POINT ROAD				
BARRINGTON, RI 02806	0.00	0.	0.	0.
	<del>                                     </del>		<del>-</del>	
	1			
	1			
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."	L	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE		<del> </del>	ou.ponceson	
	1		Į.	
	†			
	<del> </del>	<u> </u>	<del> </del>	
	†			
	<del> </del>	<del> </del>	<del> </del>	
	1			
	<del>                                     </del>	<del> </del>		
	-			
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>		
Total number of unite employees paid over \$20,000			Eorm	990-PF (2015)
			Ethill 4	

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Form 990-PF (2015) THE COLLIS FOUNDATION	06-:	1 <u>4</u> 72006 F	Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comper	nsation
NONE			
Tatal number of others recovered over \$50,000 for professional engages		<b>-</b>	
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 stanumber of organizations and other beneficiaries served, conferences convened, research papers p  1 N/A	itistical information such as the roduced, etc.	Expenses	
2			
3			
4		<del></del>	
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount	
1 <u>N/A</u>			0.
2			
All other program-related investments. See instructions.  3			
Total. Add lines 1 through 3	<b>&gt;</b>		0.

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Form **990-PF** (2015)

	foreign organizations check here and do not complete this part.)	(1)(5)	private operating foundations an	o certain	
1	Mınımum ınvestment return from Part X, line 6			1	696,182.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	129,432.		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	129,432.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	566,750.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	566,750.
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 X	III, line	:1	7	566,750.
	and VII				

# Part XII Qualifying Distributions (see instructions)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes;

а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	627,863.
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	627,863.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	}	
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	627,863.

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.

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part XI, line 7				566,750.
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				
b From 2011	1			
c From 2012				
d From 2013	1			
e From 2014 23,654.				
f Total of lines 3a through e	23,654.			
4 Qualifying distributions for 2015 from			· · · · · · · · · · · · · · · · · · ·	
Part XII, line 4: ►\$627,863.			•	
a Applied to 2014, but not more than line 2a			0.	
<b>b</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 2015 distributable amount				566,750.
e Remaining amount distributed out of corpus	61,113.			
5 Excess distributions carryover applied to 2015 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	:		!	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	84,767.			
<b>b</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.	8	
d Subtract line 6c from line 6b. Taxable				<del></del>
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
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		1		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	84,767.			
10 Analysis of line 9:				{
a Excess from 2011				
<b>b</b> Excess from 2012				
c Excess from 2013				
d Excess from 2014 23,654.				
e Excess from 2015 61,113.	<del></del>	<del></del>		Farm 000-DE (0015)

06147201

	LIS FOUNDA			06-14	172006 Page
Part XIV Private Operating F	oundations (see i	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter th	at it is a private operating			
foundation, and the ruling is effective fo	or 2015, enter the date of	f the ruling	<b>▶</b> <u> </u>		
<b>b</b> Check box to indicate whether the foun	dation is a private operat	ting foundation described	I in section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed		<u> </u>			
<b>b</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	L				
e Qualifying distributions made directly					1
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>b</b> "Endowment" alternative test - enter		<u> </u>	<del> </del>	<del> </del>	<del> </del>
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:			<del> </del>	<del> </del>	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)	İ				1
(2) Support from general public			<del></del>	<del> </del>	<del> </del>
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)	}				
(3) Largest amount of support from			<del> </del>	<del> </del>	<del> </del>
an exempt organization					
(4) Gross investment income			<del>                                     </del>	<del> </del>	<del> </del>
Part XV   Supplementary Info	rmation (Compl	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	•	e than 2% of the total cor	ntributions received by the	e foundation before the cl	ose of any tax
year (but only if they have contributed r					
ELFRIEDE A. COLLIS					
b List any managers of the foundation who ther entity) of which the foundation ha			(or an equally large port	ion of the ownership of a	partnership or
None					
2 Information Regarding Contribut	ion, Grant. Gift. Loar	ı, Scholarship, etc. F	Programs:		
Check here ► ☐ If the foundation of				not accept unsolicited rec	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be addre	essed: See Sta	atement 9
See Statement 8					
<b>b</b> The form in which applications should l	pe submitted and inform	ation and materials they	should include;	<del> </del>	
c Any submission deadlines;	<del></del>				
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable fields	s, kinds of institutions, or	other factors:	
50000					Farm 000 DE (00

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
BRUNSWICK SCHOOL	NONE	PUBLIC CHARITY	SUPPORT THE SCHOOL	
100 MAYER AVENUE GREENWICH, CT 06830				147,76
CHILDREN'S MUSEUM	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	
PROVIDENCE, RI 02903			SUPPORT	27,50
	:			
COMMUNITY PREPATORY SCHOOL 126 SOMERSET ST	NONE	PUBLIC CHARITY	SUPPORT OF SCHOOL	
PROVIDENCE, RI 02907				35,00
EXPONET PHILANTHROPY	NONE	DIBLIC CHARITY	GENERAL OPERATING	
BOX 65607			SUPPORT	
WASHINGTON, DC 20035				50
GREENWICH ACADEMY	NONE	PUBLIC CHARITY	SUPPORT ESSENTIAL	
200 NORTH MAPLE AVE			CONNECTIONS	00.00
Total See Co	ontinuation shee		▶ 3a	22_00 579_76
b Approved for future payment			04	
None				
		i		
Total		L	<b>&gt;</b> 3b	

Part XVI-A	Analysis of Income-Pi	roducing Activities
------------	-----------------------	---------------------

Enter gross amounts unless otherwise indicated.	Unrelated bus	ness income Exclu	uded by section 512, 513, or 514	(e)
Ettier gross amounts umess offerwise moleated.	(a) Business	(b) (c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Alflount code	Amount	function income
a			<del> </del>	
b				<del></del>
<u> </u>				
d				
e	<del></del>	<del></del>	<del> </del>	
·			<del>                                     </del>	
g Fees and contracts from government agencies	<del></del>		<del>                                     </del>	
2 Membership dues and assessments	<del></del>		<del> </del>	
3 Interest on savings and temporary cash				
investments	<del></del>		220 402	<del></del>
4 Dividends and interest from securities		14	230,492.	
5 Net rental income or (loss) from real estate:	<del></del>	<del></del>		
a Debt-financed property	<del></del>	<del></del>	<del>                                     </del>	
b Not debt-financed property	<del></del>	<del></del>		<del>-</del>
6 Net rental income or (loss) from personal				
property		14	005	
7 Other investment income	<del></del>	<u></u>	985.	
8 Gain or (loss) from sales of assets other		_ 18	6,263,899.	
than inventory  9 Net income or (loss) from special events	<del></del>		0,203,833.	
			<del> </del>	
10 Gross profit or (loss) from sales of inventory 11 Other revenue;			<del> </del>	
_				
a		<del></del>	<del> </del>	<del></del>
b	l l	<del></del>	<del>    -   -   -   -   -   -   -</del>	
d			<del>                                     </del>	
d			<del> </del>	
12 Subtotal. Add columns (b), (d), and (e)		0.	6,495,376.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		13	6,495,376
(See worksheet in line 13 instructions to verify calculation	one l		13	0,493,370.
			. =	
Part XVI-B Relationship of Activit	ies to the Accomp	ishment of Exemp	ot Purposes	
Line No. Explain below how each activity for which	ch income is reported in colu	mn (e) of Part XVI-A contri	buted importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other)				
				- <u>-</u>
		<del></del> ,,		

Form **990-PF** (2015)

15) THE COLLIS FOUNDATION 06-1472006
Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 

the Co	e organization directly or indir de (other than section 501(c)	)(3) organizations) or in s	ection 527,	, relating to political orgai		ion 501(c) of		Yes	No
<b>a</b> Transf	ers from the reporting founda	ation to a noncharitable ex	xempt orga	inization of:					
(1) Ca							1a(1)		<u>X</u>
٠.	ther assets						1a(2)		X
	transactions:								
	ales of assets to a noncharital						1b(1)		<u>X</u>
	urchases of assets from a noi		ıızatıon				1b(2)		<u>X</u>
1-7	ental of facilities, equipment,						1b(3)		X
	eimbursement arrangements						1b(4)		<u>X</u>
	oans or loan guarantees						1b(5)	_	<u>X</u>
	erformance of services or me						1b(6)		_ <u>X</u> _
	g of facilities, equipment, ma						1c		<u>X</u> _
	inswer to any of the above is			• •	-	-		ets,	
	vices given by the reporting for			i less than fair market vali	ue in any transactior	i or sharing arrangement,	show in		
	n (d) the value of the goods,			warnat arganization	(4) -				
(a) Line no	(b) Amount involved	<del></del>		exempt organization	(0) Description	of transfers, transactions, an	d sharing arr	angeme	nts
		<del> </del>	N/A	<del>_</del>	<del> </del> -				
		<u> </u>		<del></del>					
		<del></del>							
		<b></b>							
		Ţ							
		<del> </del>		<u> </u>					
2a Is the t	foundation directly or indirect	tly affiliated with or relate	nd to one o	r more tay-eyemnt organ	izations described				
	ion 501(c) of the Code (other			<del>-</del>	izations described		Yes	Γ <del>χ</del>	No
	," complete the following sch		OI III SECIIO	11 327		!	168	المكرا	7 110
D II 165	(a) Name of org			(b) Type of organization	1	(c) Description of relation	ehin.		
	N/A	Janization		(b) Type of organization	<del></del>	(b) Dosoription of relation	эпр		
	N/A			·	<del> </del>				
		<del></del>			<del> </del>			,	
					<del> </del>				
				<u></u>	<del>                                     </del>				
т					<u> </u>	<del> </del>			
Or an	nder penalties of perjury, I declare to d belief, it is true, correct, and con	that I have examined this retuing the Declaration of preparer	rn, including r (other than t	accompanying schedules and (axpaver) is based on all infor	d statements, and to the mation of which prepare	best of my knowledge r has any knowledge	lay the IRS o	iscuss	ihis
Sign   an	d belief, it is true, correct, and con		(				eturn with the	(see ins	er tr)?
Here				10112/1014	DIRECT	ror	X Yes	L	∐ No
	Signature of officer or trustee			Date	Title	<b></b>			
	Print/Type preparer's pa	ame	er sig	nature	Date	Check X If PTIN	!		
	- de	ノンハイグ	LUS	<b></b>		self- employed			
Paid	Edward P.	Pieroni Ed	ward	P. Pieroni	10/11/16	P(	0189	63 <u>4</u>	
Prepare	Firm's name AND		LETT	& PIERONI,	LLP	Firm's EIN ► 05-0			
Use On									
	Firm's address ► ON	E CATAMORE	BLVD.						
		ST PROVIDEN				Phone no. 401-2	272-9	100	
		<u> </u>	<u> </u>				Form <b>99</b> 0		
									/

THE COLLIS FOUND		06-1472	006 P	<u>-</u>	of
	sses for Tax on Investment Income	<del>, ,</del>	(h) How convered	<del>,</del>	
(a) List and 2-story b	describe the kind(s) of property solo rick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	D - Donation	(c) Date acquired (mo., day, yr.)	(
1a 38,239 SH. COL	GATE PALMOLIVE		D	01/01/68	06/01/1
b 9,191 SH. COLG	ATE PALMOLIVE			01/01/68	
c 14,925 SH. COL	GATE PALMOLIVE		D	01/01/68	12/29/1
d 32,447 SH. COL				01/01/68	
e AMERICAN INTER			P	0_7.007.00	<u>,, -</u>
	TOGA (SEE ATTACH	ED)	P		
	TOGA (SEE ATTACH		P		
h YORK	TOOM (BEE MITTHEE			07/01/15	01/01/1
	SEE ATTACHED)	<del></del>	P	01/01/13	01/01/1
	SEE ATTACHED)		P		
k GENSPRING LYRS			P		
GENSPRING WAS	(SEE ATTACHED)		P	-	
m ACL ALTERNATIV			P		
n ACL ALTERNATIV			P		
o Capital Gains			<u> </u>	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 2,546,135.		669.		2,	545,466
611,981.		161.			611,820
c 1,007,305.		261.		1,	007,044
d 2,145,801.		568.			145,233
e 1,461.					1,461
f 40,048.		36,799.			3,249
g 100,214.		71,347.			28,867
h 803,548.		1,000,000.			196,452
589,929.		676,132.			-86,203
3,556,640.		3,584,891.			-28,251
k 43,472.		38,593.			4,879
62,594.		63,542.			-948
n 17,769.		03,342.	<del></del>		17,769
10 505		<del></del>			12,785
n 12,785. o 197,180.			_ <del>_</del>		197,180
	ng gain in column (h) and owned by t	the foundation on 12/31/69			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of	ses (from col. (h)) of col. (h) gaın over ot less than "-0-")	col. (k),
<del>_</del> a				2.	545,466
)					611,820
c					007,044
<u>c                                    </u>					145,233
<del></del>	<del></del>		<del></del>		
<u>e</u>					1,461
<u> </u>					3,249
<u> </u>					28,867
<u>h</u>					196,452
<u> </u>	<u> </u>				<u>-86,203</u>
					<u>-28,251</u>
k					4,879
<u> </u>					-948
<u>n</u>					17,769
<u>n</u>					12,785
0			<del></del> _	<u></u>	197,180
2 Capital gain net income or (net ca	. , , , , , , , , , , , , , , , , , , ,	, I	<u> </u>	6,	<u>263,899</u>
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		<b>)</b>		NT / A	
in those, onto to the fatti, line	,	<u></u>		N/A	

3 Grants and Contributions Paid During the			T	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	John Jakon	
MOSES BROWN SCHOOL	NONE	PUBLIC CHARITY	GENERAL OPERATING	
250 LLOYD AVE			SUPPORT	22.00
PROVIDENCE, RI 02906				22,00
PENCILS OF PROMISE	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
37 WEST 28TH STREET, 3RD FLOOR				
NEW YORK, NY 10001		<del> </del>		250,00
				li
SAN MIGUEL EDUCATION CTR. 12 CARTER ST	NONE	PUBLIC CHARITY	GENERAL OPERATING SUPPORT	
PROVIDENCE RI 02907			SUFFORI	50,00
WEST FALMOUTH LIBRARY	NONE	PUBLIC CHARITY	CAPITAL CAMPAIGN	
PO BOX 1209			1	
WEST FALMOUTH, MA 02574		<del> </del>	<del> </del>	25,00
			,	
			}	
	1			
		<del>                                     </del>		
				1
				<del> </del>
Total from continuation sheets			<del></del>	347.00

Form 990-PF	Dividends	and Inter	est from Sec	curities S	Statement	1
Source	Gross Amount	Capital Gains Dividend	Revenue		_	
ACL ALTERNATIVE FUND SAC COLGATE FIRST REPUBLIC	73. 77,356. 45.	12,36	2. 64,99	73. 73. 94. 64,994.	•	
GEN SPRING GEN SPRING SARATOGA	330,987. 19,211.	184,72		146,267	•	
To Part I, line 4	427,672.	197,18	0. 230,49			_
Form 990-PF  Description		Other I	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	
ACL ALTERNATIVE FUN	D SAC		985.	985.		
Total to Form 990-P	F, Part I,	line 11	985.	985.		
Form 990-PF		Accounti	ng Fees		Statement	3
Description		(a) Expenses Per Books	(b) Net Invest- ment Income		(d) Charitabl Purposes	
ACCOUNTING FEES		3,950.	C	).	3,950	).
To Form 990-PF, Pg	1, ln 16b	3,950.	0	· ·	3,950	0.

Form 990-PF (	ther Profes	sional Fee	es		Statement	4
Description	(a) Expenses Per Books	(b) Net Investment Income		(c) Adjusted Net Incom		
OTHER PROFESSIONAL FEES	20,670.		0.		20,6	70.
To Form 990-PF, Pg 1, ln 16c	20,670.		0.		20,6	70.
Form 990-PF	Tax	es			Statement	5
Description	(a) Expenses Per Books	(b) Net Inves		(c) Adjusted Net Incom		
STATE FILING FEES 2015 EXCISE TAX DUE	50. 593.		0.			50. 93.
To Form 990-PF, Pg 1, ln 18	643.		0.		6	43.
Form 990-PF	Other E	xpenses			Statement	6
Description	(a) Expenses Per Books	(b) Net Inves ment Inco		(c) Adjusted Net Incom		
DUES ACL ALTERNATIVE FUND DEPRECIATION ACL	1,250. 21,327. 2,444.	21,3	0. 327. 444.		1,2	50. 0.
To Form 990-PF, Pg 1, ln 23	25,021.	23,7	771.		1,2	50.
Form 990-PF	Other Inv	estments	<del></del>		Statement	7
Description		luation ethod	Вос	ok Value	Fair Marke Value	t
STERLING STAMOS ENDOWMENT FUN SUNTRUST BANK SUNTRUST BANK SARATOGA COLGATE ACCOUNT YORK		COST COST COST COST COST		230,688. 0,314,143. 1,989,474. 0. 185,550.	230,6 9,124,7 2,148,4 185,5	61. 73. 0.

THE COLLIS FOUNDATION			06-1472006
ACL CLEARFIELD OFFSHORE MSCI ETF	COST COST COST	754,670. 500,000. 2,505,076.	754,670. 500,000. 2,134,045.
Total to Form 990-PF, Part II, line 13		16,479,601.	15,078,187.

Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

8

Name and Address of Person to Whom Applications Should be Submitted

ASTRID C. WOMBLE EVERWATCH FINANCIAL, 8 SOUND SHORE DRIVE GREENWICH, CT 06830

Telephone Number

203-629-7950

#### Form and Content of Applications

First time or nonrecurring applicants should submit a two or three page letter of inquiry. Current grantees should contact the Executive Director before submitting a new proposal.

Letters of inquiry should include:

- \*A brief statement of the organization's purpose and goals.
- \*If applicable, a description of the project, the need and target population it addresses.
- \*Information about the capability of the leadership to implement the proposed project.
- \*Short and long-term outcomes anticipated and plans for assessing achievements.
- \*Grant amount needed.
- \*A recent financial statement, audited if possible.

Any Submission Deadlines

NONE

Restrictions and Limitations on Awards

DONEE CHARITABLE ORGANIZATIONS SHOULD BE LOCATED PRIMARILY IN NEW ENGLAND

Form 990-PF Grant Application Submission Information Statement 9
Part XV, Lines 2a - 2d (Continuation)

#### Form and Content of Applications

<sup>\*</sup>A statement about the total agency budget and project budget, if different.

<sup>&</sup>quot;A statement about other funding sources for the agency and/or project, specifying both committed and projected sources of support. For requests of \$1,000 or less, we may be able to evaluate your request based on the information contained in your letter of inquiry. Include 501(c)(3)letter & budget.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

2015

Employer identification number

_	· ·					
Тн	E COLLIS FOUNDATION	06-1472006				
Organization type (check or	ne)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions				
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	· · · · · · · · · · · · · · · · · · ·				
Special Rules						
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour line 1 Complete Parts I and II.	or 16b, and that received from				
year, total contribut	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.					
year, contributions is checked, enter h purpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because its, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc ,				
but it must answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo 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 COLLIS FOUNDATION

06-1472006

Part I	Contributors (see instructions) Use duplicate copies of Part I i	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELFRIEDE A. COLLIS  233 RUMSTICK ROAD  BARRINGTON, RI 02806	\$ 3,098,366.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF CHARLES A. COLLIS  233 RUMSTICK ROAD  BARRINGTON, RI 02806	\$ 282,338.	Person Payroll Noncash X (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
522452 10 22		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

#### THE COLLIS FOUNDATION

06-1472006

rt II No	ncash Property (see instructions) Use duplicate copies of Part	Il if additional space is needed	
<del></del>	Tiodon i Toperty (See instructions) Ose duplicate copies of Part	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
COI	LGATE STOCK (47,372 SHARES)		
_1		_	
		\$ 3,098,366	12/11/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ANNE BRAFF BRODINSKY CHARITABLE		<del> </del>
	MAINDER TRUST		
		\$ <u>\$</u>	06/23/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
		_	
		_   <sub>\$</sub>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		-	
		\$	_
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		_	
			_
(a)		(6)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		_	
		     \$	
3453 10-28-15			rm 990, 990-EZ, or 990-PF)

Employer identification number

THE CO	LLIS FOUNDATION		06-1472006
Part III	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	lumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or i	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations less for the year (Enter this info once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee