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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

OMB No 1545-0052 2009

For calendar year 2009, or tax year beginning and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS label. Otherwise COLLINS FAMILY FOUNDATION 23-7893290 print Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number or type. 15 STONY BROOK LANE 609-924-3870 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. PRINCETON, NJ 08540 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) F If the foundation is in a 60-month termination 827, 356. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome 261,885 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3.STATEMENT 3. 3. 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 9,383 STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 50,303 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 271 50,306 3 Total, Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees RECEIVED **b** Accounting fees 1,500 Ø 0. 1,500. c Other professional fees STMT 3 S 17 Interest MAY 1 7 2010 425 18 STMT 4 30. 2 19 Depreciation and depletion OGDEN. U 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 12 12 23 Other expenses 0 0. 24 Total operating and administrative expenses. Add lines 13 through 23 1,937 12 0 1,530. 41,200 25 Contributions, gifts, grants paid 41,200. 26 Total expenses and disbursements. 12 0 42,730. Add lines 24 and 25 43,137 27 Subtract line 26 from line 12: 228,134 a Excess of revenue over expenses and disbursements 50,294 b Net investment income (if negative, enter -0-) 3. c Adjusted net income (if negative, enter -0-) 923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1		619,737.
2	Enter amount from Part I, line 27a	2		228,134.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		847,871.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		847,871.

		d(s) of property sold (e.g. or common stock, 200 shs			`P-	ow acquired Purchase Donation	(c) (m	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a 200 ATHENAHEAL	TH IN	CORPORATED				D	10	/15/99	08/31/09
b 1,000 ATHENAHE	ALTH	INCORPORATE	D			D	10	/15/99	12/24/09
<u>c</u>							ļ		
<u>d</u>							<u> </u>		
<u>e</u>			,		<u> </u>				<u> </u>
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (loss) plus (f) minus	(g)
a 7,867.					0.				7,587 42,716
b 44,116.				1,40	0.				42,716
C				-			-		
<u>d</u>	ļ				_				
<u>e</u>	l <u> </u>			10.004.000					
Complete only for assets shown	1		1				(I) Gai	ins (Col. (h) gain , but not less tha	i minus
(i) F.M.V. as of 12/31/69		i) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), if any			Loi. (K),	sses (from col.	(h))
			UVCI						7 507
8									7,587 42,716
<u>b</u>					\dashv				42,/16
<u>c</u>			ļ						
<u>d</u>					\dashv				
<u>e</u>	<u> </u>		L		$\overline{}$	ļ			
Capital gain net income or (net ca	apıtal loss)	$\begin{cases} \text{ If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$	r in Part I, line - in Part I, line	7 7	}	2			50,303
Net short-term capital gain or (lo			nd (6):		٦				
If gain, also enter in Part I, line 8,).			•	_			•
Part V Qualification U		ection 4940(e) for	. Dadward	Tay on Nat	1	3			0
Vas the foundation liable for the sec	lify under s	section 4940(e). Do not co	omplete this pa	rt.			_		Yes X No
1 Enter the appropriate amount in	each colur	nn for each year; see instr	uctions before	making any entri					/4/
(a) Base period years Calendar year (or tax year beginn	ıng in)	(b) Adjusted qualifying dis		Net value of no	(c) onchar			Distri (col. (b) di	(d) bution ratio vided by col. (c))
2008			6,238.			334,9			.10817
2007			7,126.	,		452,7			.10408
2006			0,600.	-		436,3			.07012
2005	+		0,600.			466,5			.06558
2004		4	0,600.			541,4	05.	1	.07499
2 Total of line 1, column (d)								2	.42296
3 Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	r of ye	ars		3	.08459
4 Enter the net value of noncharita	ble-use ass	sets for 2009 from Part X	line 5					4	495,630
		,			•				
5 Multiply line 4 by line 3		· · · ·		• •	•	-	}	5	41,927
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)				•		6	503
7 Add lines 5 and 6							-	7	42,430
B Enter qualifying distributions fro		• •					Ĺ	8	42,730
If line 8 is equal to or greater tha See the Part VI instructions.	ın line 7, ch	eck the box in Part VI, line	e 1b, and comp	plete that part usi	ng a 1	% tax rate.			
923521 02-02-10				····					Form 990-PF (200

3 503. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld		990-PF (2009) COLLINS FAMILY FOUNDATION			<u>789329</u>			age 4
Dates of ulung or determination letter: Author by Orland I, line 27b So Amester boundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 127b And their domestic foundations enter ?% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b)	Pa	rt VI Excise Tax Based on Investment Income (Section 4940)	(a), 4940(b), 4940(e),	or 4948	- see inst	ruc	ion	s)
b Domestic foundations that in met the section 494(e); requirements in Part V, check here ► X and neter 1% of 1% of 12nt 1, line 12 col. (b) 7 And other domestic foundations enter 2% of line 27h, Exempt foreign organizations enter 4% of Part 1, line 12, col. (b) 8 And blines 1 and 2 1 Tax under sciento 51t (domestic section 4947(a)(1) trusts and baselie foundations only. Others enter -0-) 9 Add fines 1 and 2 1 Subtlike A (incrome) tax (domestic section 4947(a)(1) trusts and baselie foundations only. Others enter -0-) 1 Add fines 1 and 2 1 Subtlike A (incrome) tax (domestic section 4947(a)(1) trusts and baselie foundations only. Others enter -0-) 1 Tax based on investment incrome. Subtract tine 4 from line 3. Ilizaro or less, enter -0- 5 Cordistrayments: 1 2009 estimated tax payments and 2008 overpayment credited to 2009 6 a 8 Exempt foreign organizations - tax withheld at source 1 Tax paid with application for extension of time to the (Form 8968) 6 a 8 Baseup withholding erronously withheld 7 Total credits and payments. Add line 5 thin brough 6d 8 Enter any penalty for underpayment of estimated tax. Otherk here X if Form 2220 is attached 9 Tax due. (If the total of lines 5 and 8 is more than line 2, enter amount oved 1 Total credits and payments. Add line 5 thin brough 6d 6 Enter any penalty for underpayment of estimated tax. Otherk here X if Form 2220 is attached 1 Tax due. (If the total of lines 5 and 8 is more than line 2, enter amount oved 1 Total credits and payments. Add line 5 and 8, enter the amount oved 1 Total credits and payments. Add lines 5 and 8, enter the amount oved 1 Total credits and payments. Add lines 5 and 8, enter the amount oved 1 Total credits and payments. Add lines 5 and 8, enter the amount oved 1 Total credits and payments. Add lines 5 and 8, enter a mount oved 2 Total the statement of lines 10 to bits. Credited to 2010 estimated tax. Payment over the statement of lines 10 to bits. Total lines 10 total lines 5 and 8, enter a mount oved 1 Total credits and	1a	Exempt operating foundations described in section 4940(d)(2), check here and enterprise and enterprise are a section 4940(d)(2).	er "N/A" on line 1.					
of Part I, line 27b. A flother domostic foundations enter 2% of line 27b. Exempl 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-) 3		Date of ruling or determination letter: (attach copy of letter if neces	ssary-see instructions)					
a All other domestic foundations enter 2% of the 27b, Exempl (region aganzations enter 4% of Part I, Ine 12, col. (b) 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0·) 4 3 503. Add lines 1 and 2 3 503. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0·) 4 5 503. Exchanged on investment incomes. Subtract line 4 from line 3. It zero of less, enter -0· 5 5 503. Circlais-Payments: 5 5 503. Circlais-Payments: 5 5 503. Expendition of the content of the co	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 1%	1			50	3.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 503. 4 Subtilie A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment income. Subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment of subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment of subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment of subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment of subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment of subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment of subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment fine subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment fine 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investment fine subtract line 4 from fine 3.1 izer or less, enter -0- 5 Tax based on investme		of Part I, line 27b						
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6. Credits/Payments: 2 2009 estimated tax payments and 2008 overpayment credited to 2009 8. Exempt to reign organizations - tax withheld at source 6 as paid with application for extension of time to like (Form 8868) 6 5 6 7 7. Total credits and payments. Add lines 68 through 6 8 7 8. Enter any pearlapt for underspayment of estimated tax. Check here [X] if Form 2220 is attached 9. Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 10. Overpayment. It line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11. Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 12. Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 13. Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 14. Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 15. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 16. Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owed 17. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 18. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 19. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 19. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 19. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 19. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 10. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 10. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 10. Tax dae. If the total of lines 5 and 8, enter the amount overpaid 5 and 10. Tax dae. If the amount overpaid 5 and 10. Tax dae. If the amount overpaid 5 and 10. Tax dae. If the amount overpaid 5 and 10. Tax dae. If the amount overpaid 5 and 10. Tax dae. If the amount overpaid 5 and 10. Tax dae. If the amount overpaid 5 and 10. Tax dae. If the amount overpaid 5 and 10. Tax dae. If the amount overpaid 5 and 10. Tax dae. If the amount overpaid	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ners enter -0-)	4	<u> </u>			0.
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7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here □ I form 2220 is attached 9 Tax due. If the total of lines 5 and 6 is more than line 7, enter amount owed 9 \$50.4. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 12 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? 15 Dut if it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for definition)? 16 If the answer is 7 Yes* 10 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. 17 Dut the foundation file Form 1120-P0L for this year? 18 If Yes, 1 attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 19 If the individual of the properties of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 10 In the foundation file Form 1120-P0L for this year? 21 If Yes, 1 attach a detailed description of the activities. 22 If Yes, 1 attach a detailed description of the activities. 33 It as the foundation made any changes, not previously reported to the IRS; in stignation and any activities that have not previously been reported to the IRS? 31 If Yes, 1 attach a detailed description of the activities. 32 If Yes, 1 attach a detailed description of the activities. 33 It as the foundation have urrelated business gross income of \$1,000 or more during the year? 34 If Yes, 1 attach a detailed description of this year? 35 If Yes, 2 attach the statement required by General Instruction 7. 36 If Yes, 2 attach the statement required by General	C	Tax paid with application for extension of time to file (Form 8868)	6c					
8 1. 1 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line. 10 to be: Credited to 2010 estimated tax ▶ Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? (1) On the foundation S	đ	Backup withholding erroneously withheld	6d					
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 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? 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. Enter the states to which the foundation reports or with which it is registered (see instructions) NJ 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 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses X 	e	· · · · · · · · · · · · · · · · · · ·	ner-		}			
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7 X If "Yes," complete Part II, col. (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) NJ 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 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			directions that connect with th	c State law		.		
## Yes, * complete Part II, col. (c), and Part XV. ### Enter the states to which the foundation reports or with which it is registered (see instructions) NJ	7		-					
NJ 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 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	•				 '	`	*	
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year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	9		tion 4942(i)(3) or 4942(i)(5) fo	or calendar	⊢ °	1	\dashv	
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses						9		x
	10							
					Form 9	90-l	PF (2	_

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orm 990-PF (2009) COLLINS FAMILY FOUNDATION			<u>23-78932</u>	<u>90</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	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	4945(e))?	Ye	s X No		
. (2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,			
any voter registration drive?		☐ Ye	s X No	- 1	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		. Te	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				j
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	•			- 1
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi		•	▶	$\neg \vdash$	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned .			
expenditure responsibility for the grant?			s No		
If "Yes," attach the statement required by Regulations section 53.4945		·,···			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •		į		1
a personal benefit contract?	ay promiums on	□ v.	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	Pronnal henefit contract?	١٤ لــــا		6b	x
If "Yes" to 6b, file Form 8870.	טו שטוומו טיבוויבות לשווו מעני		·	"	
7a At any time during the tax year, was the foundation a party to a prohibited tax si	haltar transpation?	□ v.	s X No		
	•	16		7b	
b If yes, did the foundation receive any proceeds or have any net income attribute Dark VIII Information About Officers, Directors, Truste		nagara Highl		/ B	
Part VIII Paid Employees, and Contractors	es, roundation wa	mayers, nigni	,		
List all officers, directors, trustees, foundation managers and their	compensation.				
		(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	I and deterred	acco	ount, other
	to position	enter -0-)	compensation	all	owances
SEE STATEMENT 7		_		ł	0
SEE SIMIEMENI /		0.	0.		0.
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		1	ł <u>. </u>	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	4-1	
(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	acci	Expense ount, other lowances
	devoted to position	ļ` <i>`</i>	compensation	all	owances
NONE				1	
		ļ	<u> </u>		
		1		1	
		ļ		<u> </u>	
			ļ	1	
			<u></u>		
			<u></u>	<u> </u>	
Total number of other employees paid over \$50,000			🕨		0

	<u> </u>			
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.				

N/A All other program-related investments. See instructions. 0. Total. Add lines 1 through 3

Form **990-PF** (2009)

0

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
à	Average monthly fair market value of securities	1a	491.760.
ь	Average of monthly cash balances	1b	491,760. 11,418.
C	Fair market value of all other assets	1c	·
đ	Total (add lines 1a, b, and c)	1d	503,178.
е	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	503,178.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,548.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	495,630.
6	Minimum investment return. Enter 5% of line 5	6	24,782.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	24,782.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	503.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,279.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,279.
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	24,279.
P	art 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	42,730.
þ	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:		
а	Suitability test (prior IRS approval required)	3a	
þ	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	42,730.
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	503.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	42,227.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	or the section

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
4 80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Corpus	Years prior to 2008	2008	2009
1 Distributable amount for 2009 from Part XI, line 7				24 270
2 Undistributed income, if any, as of the end of 2009				24,279.
a Enter amount for 2008 only	Ì		0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2009:	-			
a From 2004 13,530.				
b From 2005 7, 271.				
c From 2006 8,783.				
dFrom 2007 24, 487.				
eFrom 2008 19,884.				
f Total of lines 3a through e	73,955.			
4 Qualifying distributions for 2009 from	,			
Part XII, line 4: ► \$ 42,730.			_	
a Applied to 2008, 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.			24 270
d Applied to 2009 distributable amount e Remaining amount distributed out of corpus	18,451.			24,279.
5 Excess distributions carryover applied to 2009	0.	· - · · · · · · · · · · · · · · · · · · 	<u> </u>	0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				0.
6 Enter the net total of each column as indicated below:	,	~	•	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	92,406.			
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 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must	,			
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	ا م			
section 170(b)(1)(F) or 4942(g)(3)	0.		· · · · · · · · · · · · · · · · · · ·	
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	12 520			
9 Excess distributions carryover to 2010.	13,530.			,
Subtract lines 7 and 8 from line 6a	78,876.	•		
10 Analysis of line 9:	70,070.			<u> </u>
a Excess from 2005 7, 271.				
b Excess from 2006 8,783.				
c Excess from 2007 24, 487.				
d Excess from 2008 19,884.				
e Excess from 2009 18, 451.	<u> </u>			
				5- 000 DE (0000)

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Part XIV Private Operating Fo	PUDDING See In	Structions and Part V	II-A guestion 9)	N/A	393290 Page 10
1 a If the foundation has received a ruling or			174 question 5/	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found			un contion	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ng loundation described	Prior 3 years	4542())(3) 01 4	342()(3)
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	(4) 2000	(8) 2000	(0) 2007	(4)2000	(0) 10(8)
each year listed		 	 		
b 85% of line 2a		 	 	 	
c Qualifying distributions from Part XII,					
line 4 for each year listed				<u> </u>	<u> </u>
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.	li			}	
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			<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,				1	
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)		}			
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or n	nore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ntributions received by the	foundation before the c	ose of any tax
year (but only if they have contributed n	nore man \$5,000). (See	section 507(a)(2).)			
MORTON COLLINS					
b List any managers of the foundation wh			i (or an equally large porti	on of the ownership of a	partnership or
other entity) of which the foundation has	s a 10% of greater intere	SL			
NONE		· · · · · · · · · · · · · · · · · · ·			
2 Information Regarding Contributi					
Check here ► X if the foundation of					
the foundation makes gifts, grants, etc.	`			ompiete items 2a, b, c, a	no o.
a The name, address, and telephone num	ber of the person to who	om applications should b	e addressed:		
b The form in which applications should b	e submitted and inform	ation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable field	s, kinds of institutions, or	other factors:	

3 Grants and Contributions Paid During the Ye		Payment		
. Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTIDUTION	Allount
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 8				41 000
Total b Approved for future payment		· · · · · · · · · · · · · · · · · · ·	. ► 3a	41,200
NONE			210	0

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er gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
_	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code	Ashount	Tunction income
a			-	-	
	_				
	_				
		·····	 -		
e		·			
Fees and contracts from government agencies	-				
Membership dues and assessments					
Interest on savings and temporary cash					
investments			01	3.	
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property			1 1		
b Not debt-financed property					,
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	9,383.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a	_				
b					
c					
d	_				
e	_			2 226	
Subtotal. Add columns (b), (d), and (e)			0.	9,386.	0.20
Total. Add line 12, columns (b), (d), and (e)			• -	13	9,38
e worksheet in line 13 instructions to verify calculations					··
art XVI-B Relationship of Activitie	es to the Accon	nplishment of	Exempt P	urposes	
ne No. Explain below how each activity for which	income is reported in a	volume (a) of Part VI	/I-A contributed	Limportantly to the accomi	olichment of
the foundation's exempt purposes (other t				i insportantly to the accomp	plistifficht of
V III I I I I I I I I I I I I I I I I I		5 tot 050tt parposos,	•		
				· · · · · · · · · · · · · · · · · · ·	
I	-				

Line No.	the foundation's exempt purposes (other than by providing funds for such purposes).
	and roundation a country purposed former main by promoting futies for soon purposes.
1	
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02-02-10

		NS FAMILY FOUN	·	23-789	
Part)			and Transactions an	d Relationships With Noncha	aritable
4 0.4	Exempt Organ			described in section (OA/s) of	Yes No
•		rectly engage in any of the follow			162 140
)(3) organizations) or in section 5 ation to a noncharitable exempt o		ations?	1 1 1
	Cash	anon to a noncharitable exempt t	nyanization ot.		1a(1) X
٠,	Other assets				1a(2) X
	er transactions:				10(2)
	Sales of assets to a noncharital	thle evernation			1b(1) X
		incharitable exempt organization			1b(2) X
٠,	Rental of facilities, equipment,	, -			1b(3) X
	Reimbursement arrangements			•	1b(4) X
	Loans or loan guarantees				1b(5) X
		embership or fundraising solicitat	tions	•	1b(6) X
		ailing lists, other assets, or paid e			1c X
	-			iys show the fair market value of the goods	·
			- · · · · · · · · · · · · · · · · · · ·	in any transaction or sharing arrangement,	
coli	ımn (d) the value of the goods,	other assets, or services received	d.		
(a) Line n	(b) Amount involved	(c) Name of noncharitat	ole exempt organization	(d) Description of transfers, transactions, an	d sharing arrangements
		N/A			
				ļ	
			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		
					
				-	
		· · · · · · · · · · · · · · · · · · ·			
0- 1-4				Alama danashad	
	•	ctly affiliated with, or related to, or		ations described	
		er than section 501(c)(3)) or in se	ection 5277		Yes X No
<u> D II</u>	es," complete the following sch (a) Name of org		(b) Type of organization	(c) Description of relation	nshin
	N/A	gunzanon	(b) type of organization	(6) 2000. p.10. 10 10 10 10 10 10 10 10 10 10 10 10 10	
	N/A				
		7			
,	penalties of prefugly, I declare that I I	have examined this return including ac		nts, and to the best of my knowledge and belief, it	is true, correct,
and	complete Declaration of prepare (oth	than taxpare for (durlary) is based	on all information of which preparer h	nas any knowledge	
	1111111		5/13/10	L /RUSTEE	
e e e	Mignature of officer or trustee_		Date	Title	
gn Here	Preparer's		Da	Check if Self-	arer's identifying number
D) -2,	Signature DAVII	ר אדו.ו.דס	5	5/7/10 amployed	00433678

973-507-9790 Form **990-PF** (2009)

DAVID G. MILLER & ASSOCIATES, LLC 127 MAIN STREET, SUITE A CHATHAM, NJ 07928

EIN ▶

Phone no.

ıl sell-employed),

address, and ZIP code

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.

OMB No 1545-0047

2009

Name of the organization Employer identification number COLLINS FAMILY FOUNDATION 23-7893290 Organization type (check one): Filers of: Section: ____ 501(c)(Form 990 or 990-EZ) (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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009) for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

COLLINS FAMILY FOUNDATION

23-7893290

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MORTON COLLINS CENTER 103 CARNEGIE STREET, STE 260 PRINCETON, NJ 08540	\$261,885.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
000452 00		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

COLLINS FAMILY FOUNDATION

23-7893290

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	8,500 SHRS. MASIMO CORPORATION INC. COMMON STOCK	- - - - ss261,885.	12/29/09
(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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ _ _ _ \$	

FORM 99	0-PF G	AIN OR (LOSS)	FROM SALE	OF	ASSETS		STA	TEMENT	1
DESCRIP	(A) TION OF PROPERTY				MANNER ACQUIRED	DA'		DATE S	OLE
200 ATH	ENAHEALTH INCORP	— ORATED				10/1	5/99	08/31	/09
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.		OF	(E)	c .		(F) OR LOS	S
	7,867.	7,100.		0.		0.		7	67.
DESCRIP	(A) TION OF PROPERTY				MANNER ACQUIRED	DA ACQU	TE IRED	DATE S	OLD
1,000 A	THENAHEALTH INCO	RPORATED				10/1	5/99	12/24	/09
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	s
	44,116.	35,500.		0.	•	0.		8,6	16.
CAPITAL	GAINS DIVIDENDS	FROM PART IV							0.
TOTAL T	O FORM 990-PF, P	ART I, LINE 6A				:		9,3	83.
FORM 99	0-PF INTEREST C	N SAVINGS AND	TEMPORARY	CAS	SH INVEST	MENTS	STA	TEMENT	2
SOURCE								AMOUNT	
RAYMOND	JAMES								3.
	O FORM 990-PF, P	_						-	3.

FORM 990-PF	THER PROFES	SIONAL FEES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
TAX PREPARATION FEE	1,500.	0.	(1,500.	
TO FORM 990-PF, PG 1, LN 16C =	1,500.	0.	(1,500.	
FORM 990-PF	TAX	ES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		CHARITABLE	
UNITED STATES TREASURY NEW JERSEY	395. 30.			0. 0. 30.	
TO FORM 990-PF, PG 1, LN 18 =	425.	0.	(30.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
BANK FEES	12.	12.	(0.	
TO FORM 990-PF, PG 1, LN 23	12.	12.	(0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		ВОС	OK VALUE	FAIR MARKET VALUE	
75,880 SHRS. KOPIN CORP 37,500 SHRS. STRATEGIC DIAGNS 1,200 SHRS. ATHENAHEALTH INC	ST		265,580. 158,758. 0. 142,000.	317,178. 51,000. 0. 180,960.	
4,000 SHRS. ATHENAHEALTH INC 8,500 MASIMO CORPORATION			261,885.	258,570.	

FORM 990-PF PART VIII - L: TRUSTEES AI		STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MORTON COLLINS 15 STONY BROOK LANE PRINCETON, NJ 08540	TRUSTEE 0.00	0.	0.	0.
DONNA K COLLINS 15 STONY BROOK LANE PRINCETON, NJ 08540	TRUSTEE 0.00	0.	0.	0.
KRISTY COLLINS SCHWARTZ 124 COLLIDGE AVE. RYE, NY 10580	TRUSTEE 0.00	0.	0.	0.
MELISSA COLLINS SCOTT 3 EBBTIDE COURT OAKDALE, NY 11769	TRUSTEE 0.00	0.	0.	0.
QUINCY N. COLLINS PINEY 644 WALL STREET RIDGEWOOD, NJ 07450	TRUSTEE 0.00	0.	0.	0.
TYLER N. BOYLE BOYE 839 N. VISTA STREET LOS ANGELES, CA 90046	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

FORM 990-PF

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STATEMENT

	DURING THE YEAR	STATI	EWENI. 8
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BARNEGAT LIGHT RESCUE SQUAD 10TH STREET BARNEGAT LIGHT, NJ 08008	NONE	EXEMPT	200.
HIGH POINT VOLUNTEER FIRE COMP 80TH STREET HARVEY CEDARS, NJ 08008	NONE	EXEMPT	200.
INSTITUTE OF ADVANCED STUDY EINSTEIN DRIVE PRINCETON, NJ 08540	NONE	EXEMPT	10,000.
LONG BEACH ISLAND PBA #175 PO BOX 221 BEACH HAVEN, NJ 08008	NONE	ЕХЕМРТ	200.
PRINCETON PBA #130 PO BOX 568 PRINCETON, NJ 08540	NONE	EXEMPT	200.
PRINCETON RESCUE SQUAD HARRISON STREET PRINCETON, NJ 08540	NONE	ЕХЕМРТ	200.
PRINCETON SCHOLARSHIP FUND 151 MOORE STREET PRINCETON, NJ 08540	NONE	EXEMPT	5,000.
PRINCETON UNIVERSITY 171 BROADMEAD STREET PRINCETON,	NONE	EXEMPT	10,000.

GRANTS AND CONTRIBUTIONS

NJ 08540

COLLINS FAMILY FOUNDATION			23-7893290
SMALL ANIMAL RESCUE LEAGUE 900 HERRONTOWN ROAD PRINCETON, NJ 08540	NONE	EXEMPT	200.
UNIVERSITY OF DELAWARE ACADEMY BUILDING NEWARK, DE 19716	NONE	ЕХЕМРТ	15,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		41,200.