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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasur; Internal Revenue Service Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545 0052

For calendar year 2009, or tax year beginning		, and ending		
G Check all that apply Initial return		ormer public charity	Final retu	ın
Amended return	Address chan	ige 🔲	Name change	
Use the IRS Name of foundation			A Employer identification	on number
label HOLLENSTEIN ROSS FAI		N		
Otherwise, C/O SUSAN K. HOLLEN			26-150728	5
print Number and street (or P.O. no number if mail is no	of delivered to street address)	Room/suite	B Telephone number	
or type 989 DERRING LANE See Specific Charactery state and 7D and			610-525-1	076
Instructions City of Town, State, and Zip code			C If exemption application is	
BRYN MAWR, PA 1901		-	D 1 Foreign organizatio	ns, check here
() exempt private foundation	•	2 Foreign organizations r check here and attach	computation
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda		E If private foundation s	tatus was terminated
	unting method \[\textbf{X} \] Cash	Accrual	under section 507(b)(1)(A), check here
(from Part II, col (c) line 16)	Other (specify)		F If the foundation is in	
,	olumn (d) must be on cash i	basis)	under section 507(b)(
Part 1 Analysis of Revenue and Expenses (The total of amounts in columns (b) (c) and (d) may no 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	164,700.		N/A	
2 Check If the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	8,088.	8,088.		STATEMENT 1
5a Gross rents				
b. Net rental income or possi				
6a Net gain or (loss) from sale of assets not on line 10	89,615.			
b Gross sales price for all 184,732				
b Gross sales price for all assets flut drilling 10 7 Capital gain net income (from Part IV line 2)		89,615.		
8 Net short-term capital gain				
9 Income modifications				
10a and allowances				
b Less Cost of goods sold	1			
c Gross profit or (ICR)ECEIVED	\ \			
11 Other modilie	0.50 100			
12 Total Add Weds 1 through 11	262,403.	97,703.		
13 Compensation proffice MAAcras Austres and	0.	0.		
- State of the sta	-			-
15 Pension plans, employer Piers, UT		·		
/A TOB LOGIC ICCS	1,500.	0.		
b Accounting fees STMT 2 c Other professional fees	1,300.	<u> </u>		0.
9 17 Interest				
te 18 Taxes STMT 3	143.	0.		0.
19 Depreciation and depletion	147.	0.		· ·
E 20 Occupancy				-
21 Travel, conferences, and meetings				
22 Printing and publications				
P 23 Other expenses STMT 4	15.	0.		0.
Total operating and administrative expenses Add lines 13 through 23				<u> </u>
expenses Add lines 13 through 23	1,658.	0.		0.
25 Contributions, gifts, grants paid	51,550.		-	51,550.
26 Total expenses and disbursements				32,000,
Add lines 24 and 25	53,208.	0.		51,550.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	209,195.			
b Net investment income (if negative enter 0)		97,703.		
c Adjusted net income (if negative enter -0.)			N/A	

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

Form **990-PF** (2009



Form 990-PF (2009)

C/O SUSAN K. HOLLENSTEIN

26-1507285

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Par	til Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End of	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing	9,061.	148,673.	148,673
2	2 Savings and temporary cash investments			
:	B Accounts receivable ►			
-	Less allowance for doubtful accounts			
4	Pledges receivable			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other	1		
	disqualified persons			
7	Other notes and loans receivable			
	Less allowance for doubtful accounts			
ع <u>ا ي</u> د	Inventories for sale or use			
ا دة <u> </u>	Prepaid expenses and deferred charges		-	್ ಜ್
۲ ₁₀	a Investments - U.S. and state government obligations			
'	b Investments - corporate stock STMT 5	9,993.	9,493.	439,470
	c Investments - corporate bonds	2/2/201	<u> </u>	133,170
11	Investments land buildings and equipment basis			
' '	Less accumulated depreciation			
12				
13	· · · · · · · · · · · · · · · · · · ·			
- 1				
14	Less accumulated depreciation			
15	Other assets (describe ►)			
1.	Table and the beginning that the officers	10 054	150 166	F00 142
	Total assets (to be completed by all filers)	19,054.	158,166.	588,143.
	Accounts payable and accrued expenses			
18	· · · · · · · · · · · · · · · · · · ·			
s 19	<u> </u>			
₩ 20	The state of the s			
Liabilities	-			
_ 22	Other liabilities (describe)			
	7			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
υ	and complete lines 24 through 26 and lines 30 and 31			
일 24	Unrestricted			
를 25	Temporarily restricted			
mi 26				
Š	Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balanc	and complete lines 27 through 31			
27 <u>ي</u>	Capital stock, trust principal, or current funds	0.	0.	
eg 28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
ž 29	Retained earnings, accumulated income, endowment, or other funds	19,054.	158,166.	
g 30	Total net assets or fund balances	19,054.	158,166.	
31	Total liabilities and net assets/fund balances	19,054.	158,166.	
Part	Analysis of Changes in Net Assets or Fund Ba	lances		
, and	<u> </u>			
1 Tota	af net assets or fund balances at beginning of year - Part II, column (a), line 30)		
(mu	ist agree with end-of-year figure reported on prior year's return)		1	19,054.
2 Ente	er amount from Part I, line 27a		2	209,195.
3 Oth	er increases not included in line 2 (itemize)		3	_ 0.
4 Add	lines 1, 2, and 3		4	228,249.
5 Dec	reases not included in line 2 (itemize) <u>UNREALIZED GAIN</u>	ON CONTRIBUT	ED ASSETS 5	70,083.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu		6	158,166.
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	(a) List and describe the kind(s) of property sold (e.g., real estate 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How acquired P - Purchase D - Purchase D - Donation					ite acquired , day, yr)	(d) Date sold (mo , day, yr)
1a 500 SHS QUALCOL	MM			D	01/	25/93	04/30/09
b 10,000 SHS ICT	GROUP			D	VAF	RIOUS	11/19/09
d d					ļ		
e					 	····	
(e) Gross sales price	(6) Devices transfer allowed (a) Cost of other base) Gam or (loss dus (f) minus		
a 20,371.			50				19,871 69,744
ь 164,361.			94,61	7.			69,744
d d					-		
е		- 3					
Complete only for assets showing	g gain in column (h) and owned by	T "				(Col (h) gain ut not less tha	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (i) i col (j), if any			es (from col (
a			,,,,				19,871
b							69,744.
C		-					
d e							
<u> </u>	(II gain, also ente	er in Part I. line	7	7			
? Capital gain net income or (net cap	oital loss) $ \begin{cases} II \text{ gain, also enter} \\ II \text{ (loss), enter} \end{cases} $)- in Part I, line	7	} 2			89,615.
Net short-term capital gain or (loss	, , ,	nd (6)					
If gain, also enter in Part I line 8, of the state of the	column (c)			}		N/A	
Part V Qualification Ur	nder Section 4940(e) for	r Reduced	Tax on Net	Investment I	ncome	11/ 1	
For optional use by domestic private	foundations subject to the section	4940(a) tax or	net investment inc	ome)			
f section 4940(d)(2) applies, leave thi	s part blank						
Vas the foundation liable for the secti	on 4942 tax on the distubulable an	nount of any v	ear in the base neur	2011			Yes X No
f "Yes," the foundation does not qualif		, ,					103 (21) 110
Enter the appropriate amount in ea	ach column for each year, see instr	uctions before	e making any entries	5			
Base period years	(b) Adjusted qualifying dis	strihiitions	Net value of non	(c) chantable use asse	als l	Distrib	(d) outloon ratio
Calendar year (or tax year beginning 2008	9 111)	30,957.	Not value of flori	223,71		(cor (b) div	ided by col (c)) .138376
2007		0.		7,02			.000000
2006							
2005							
2004						1	
Total of line 1, column (d)					2		.138376
Average distribution ratio for the 5-	year base period - divide the total	on line 2 by 5,	or by the number of	of years			
the foundation has been in existent	ce if less than 5 years				3		.069188
Enter the net value of noncharitable	e-use assets for 2009 from Part X,	line 5			4		449,465.
Multiply line 4 by line 3		5		31,098.			
Enter 1% of net investment income	e (1% of Part I, line 27b)				6		977.
Add lines 5 and 6					7		32,075.
Enter qualifying distributions from	Part XII, line 4				8		51,550.
If line 8 is equal to or greater than I See the Part VI instructions	ine 7, check the box in Part VI, line	e 1b, and comp	olete that part using	a 1% tax rate			

HOLLENSTEIN ROSS FAMILY FOUNDATION Form 990-PF (2009) C/O SUSAN K. HOLLENSTEIN 26-1507285 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 977. 1 of Part Lline 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0.) 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 977 6 Credits/Payments 100. a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - lax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 60 d Backup withholding erroneously withheld 6d Total credits and payments. Add lines 6a through 6d. 7 100. 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8 877. 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded > Part VII-A Statements Regarding Activities Yes No 1a During the tax year did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b 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? X 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \triangleright \$ 0. (2) On foundation managers \triangleright \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 Χ If "Yes attach a detailed description of the activities 3 Has the foundation made any changes not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws or other similar instruments? If "Yes " attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Х b If "Yes ' has it filed a tax return on Form 990-T for this year? N/A 4b Х Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 · 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? Х 7 Х 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 8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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)

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

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

of each state as required by General Instruction G? If "No," attach explanation

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Х

8b

10

12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 X 13 X Website address ► N/A 14 The books are in care of ► SUSAN K. HOLLENSTEIN 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of lax-exempt interest received or accrued during the year 18 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		O 990-PF (2009) C/O SUSAN K. HOLLENSTEIN	<u> 26-150'</u>	7285	Page 5
section 512(b) (13)* If Yes, altains schedule (see instructions) Did the loundation acquire a divect or indirect inferest in any applicable instrance contract before Angust 17, 2008? 13	P	art VII-A Statements Regarding Activities (continued)			
12 Det the foundation acquive a direct or indirect interest in any applicable insurance contract before August 17, 2008? 13 Det the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of ▶ SUSAN K. HOLLENSTEIN Telephone no. ▶ 610 - 525 - 1076 tocated at ▶ 989 DERRING LANE, BRYN MARR, PA 15 Secrite 9497(4) home require furthed be triest filing form 990 PF in the of form 1041 - Check have and ease the amount of law-outering interest recoved or accurate during the year. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 During the year did the foundation (either directly or indirectly) 1 Engage in the sale or exchange or leasing of property with a disqualified person? 1 Secrite 9497(4) the sale or exchange or leasing of property with a disqualified person? 2 Secrite 9497(4) in the sale or exchange or leasing of property with a disqualified person? 3 Furnish goods, services, or facilities to (or accept them from) a disqualified person? 4 Yes No 4 Pay compensation to or pay or reimbruse the expenses of, a disqualified person? 5 Page compensation to or pay or reimbruse the expenses of, a disqualified person? 5 Page compensation to or pay or reimbruse the expenses of, a disqualified person? 6 Age or by somety or property to a government official? (Exception Check 'No' 11 the foundation agreed to make a giant to a to employ the olifical for a period after termination of government service, it termination with 190 Quality and the exceptions described in Regulations seconds 3.491(10) or main curve to noise regularly disables associated (see page 20 of the instructions)? 5 Page 10 Page	11	At any time during the year did the foundation, directly or indirectly, own a controlled entity within the meaning of			
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 20082? 13 Did the foundation comply with the pubble inspection requirements for its annual returns and exemption application? 15 N/A 16 The blooks are in one of ▶ SUSAN K. HOLLENSTEIN 17 The blooks are in one of ▶ SUSAN K. HOLLENSTEIN 18 Section 497(10) in ownerwing than table trists thing from 1990 Per file of Form 1041. Check lines 28 JERRING LANE, BRYM MARR, PA 28 PAT VILB Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 19 Disnoy the year did the foundation (either deeply or noticety) 19 Engage in the sale or exchange or lessang of property with a disqualified person? 19 Disnoy the sale of the sale of the solerage or lessang of property with a disqualified person? 19 Engage in the sale or exchange or lessang of property with a disqualified person? 19 Engage in the sale or exchange or lessang of property with a disqualified person? 19 Engage in the sale or exchange or lessang of property with a disqualified person? 19 Engage in the sale or exchange or lessang or property with a disqualified person? 19 Engage in the sale or exchange or lessang or property with a disqualified person? 19 Engage in the sale or exchange or lessange or property with a disqualified person? 19 Engage in the sale or exchange or lessange or less or disqualified person? 19 Engage in the sale or exchange or lessange or less or disqualified person? 19 Engage in the sale or exchange or lessange or lessange or less available or person? 19 Engage in the sale or exchange or lessange or less or disqualified person? 19 Engage in the sale or exchange or lessange or l		section 512(b)(13)? If "Yes," attach schedule (see instructions)		11	X
13 X	12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
13 X X Website address N/A		August 17, 2008?		12	X
Website addiess ► N/A If the brooks are in one of ► SUSAN K. HOLLENSTEIN Localed at ► 989 DERRING LANE, BRYN MAWR, PA Part VIII-8 15 Section 4947(a)(1) none empt charactable insists laing from 390-PT in lieu of Form 1041-Check here and enter the amount of tax—beauting interest secender of accused during the war. Part VIII-8 Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any term is checked in the "Yes" column, unless an exception applies. 1a During the year did the loundation ceiner directly or indirectly) 17 Engage in the sale or exchange or leasing of property varies and exception applies. 1a During the year did the loundation ceiner directly or indirectly) 17 Engage in the sale or exchange or leasing of property with a disqualified person? 18 During the year did the loundation ceiner directly or indirectly) 19 Engage in the sale or exchange or leasing of property with a disqualified person? 19 Engage in the sale or exchange or leasing of property with a disqualified person? 19 Engage in the sale or exchange or leasing of property with a disqualified person? 19 Engage in the sale or exchange or leasing of property with a disqualified person? 19 Engage in the sale or exchange or leasing of property the analysis of the sale sale in the original property of the sale sale in the property of the sale sale in the original property of the sale sale in the property of the sale sale in the original property of the sale sale in the sale in	13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	
to section 4947(a)(1) none verificity LANE BRYN MAWR, PA Section 4947(a)(1) none verificity character trius is living Form 990-PF in flee of Form 1041 - Check fixed and enter the amount of Lax-exempt interest secreted or accused during the year and enter the amount of Lax-exempt interest secreted or accused during the year. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless and exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies. File Form 4720 flavy item is checked in the "Yes" column, unless an exception applies of checked in the properties of the properties		Website address ►N/A			
Located at N 989 DERRING LANE, BRYN MAWR, PA Section 4947(a)(1) none-tempt chantable trusts lifeing Form 990-PF in the of Form 1041 - Check here and enter the amount of tax-etemph interest received or accured during the year. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Part VII-B Statements in the season of the classing of property with a disqualified person? Person VII-B Statements in the classing of property with a disqualified person? Person VII-B Statements on the property of the classing of property with a disqualified person? Person VII-B Statements on the property of the classing of the season? Person VII-B Pe	14	The books are in care of ► SUSAN K. HOLLENSTEIN Telephon	ne no. ▶ 610 - 52	25-10	76
15 Section 4947(a)(1) none-weight charitable trists filling Form 990-PF in lieu of Form 1041 - Check here and enter the amount of Lax-exempl interest received or accured during the year And Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 flam y item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange or leasing of property with a disqualified person? (2) Borrow money from lend inoney to, or otherwise extend credito (or accept it from) a disqualified person? (3) Furnish goods, services, or labilities to (or accept them from) a disqualified person? (4) Pay compensation to or pay or reimbuse the expenses of, a disqualified person? (5) Franster any incine or assets to a disqualified person or yes. X No (4) Pay compensation to or pay or reimbuse the expenses of, a disqualified person? (5) Franster any incine or assets to a disqualified person or yes. X No (6) Agree to pay money or property to a government official? (Exception Check 'No' different or use of a disqualified person? (6) Agree to pay money or property to a government official? (Exception Check 'No' different or make a girant to or to employ the diffice for a period after termination of government service, if terminating within 90 days.) b If any answer is 'Yes' to 14(1) (6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.19*11(4); 3 or in a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts feached in 1a, other than excepted acts, that were not corrected thefore the first day of the lax year beginning in 2009? 2 Taxes on failure to distribute income (section 4942(4)(2) to a first year is the dividence of a section 4942(3) and a section 4942(3) are being applied to any of t					
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 a During the year did the boundation (either decely or indirectly) (1) Engage in the sale or archange or lessing of property with a disqualitied person? (2) Borrow money from lend money to, or otherwise extend credit to (or accept it from) a disqualitied person? (3) Furnish goods, services, or facilities to (or accept ithem from) a disqualitied person? (4) Pay compensation to or pay or reimburse the expenses of, a disqualitied person? (5) Transfer any income or assets to a disqualitied person (or make any of either available for the benefit or use of a disqualitied person)? (6) Angere to pay money or property for a government official? (Exception Check No. if the foundation agreed to make a grant to or to employ the official to a period after termination of government service, if terminating within 90 days.) 5) If any answer is "Yes" to 1x1, 16, uit any of the acts fail to quality under the exceptions described in Regulations. \$\text{section 53.1911(i)} 3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A Organizations reliving on a current notice regarding disaster assistance (see page 20 of the instructions)? 1 Taxes on failure to distribute income (section 4942) (doos not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 49	15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 a During the year did the foundation (either decely or inducebly) (1) Engage in the sale or echange or lessing of property with a disqualified person? (2) Borrow money from lend money to, or otherwise extend credit to (or accept it from) a dequalified person? (3) Furnish goods, services, or facilities to (or accept item from) a disqualified person? (4) Pay compensation to or pay or reimburse the expenses of, a disqualified person? (5) Transite any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to gay money or property for a government official? (Exception Check No. if the foundation agreed to make a grant to or to employ the official to a peniod after termination of government service, if terminating within 90 days.) 5 If any answer is 7'set* to 141, (6), did any of the acts fail to quality under the exceptions described in Regulations. 5 section 53 1911(0) 3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 1 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)	_	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A
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before 2009? If "Yes," list the years Description Age there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year sundistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a. list the years here	а		eainnina		
If "Yes," list the years \		·			1
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year sundistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a. list the years here		_			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c. If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a. list the years here	b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to in	correct		
statement - see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a list the years here					Ì
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a. list the years here				2b	
Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No	С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a. list the years here	,		
during the year? b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969 (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) 10 A B Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 20 B Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? 30 A B Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that A B Did the foundation jeopardy before the first day of the tax year beginning in 2009?		•			
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969 (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? 4b X	3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969 (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? 4b X		during the year?	Yes X No		
May 26, 1969 (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) 1	þ	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified pers		1	
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) 1					
Form 4720, to determine if the foundation had excess business holdings in 2009) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? 4b X		•	• • • • • • • • • • • • • • • • • • • •		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? 4b X				3b	
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? 4b X	4a	· · · · · · · · · · · · · · · · · · ·	,		X
had not been removed from jeopardy before the first day of the tax year beginning in 2009? 4b X			urpose that		
	-			4b	X
			For		

. HOLLENSTEIN ROSS FAMILY				
Form 990-PF (2009) C/O SUSAN K. HOLLENSTEIN	5 4700 NA - D	 	<u> 26-15072</u>	85 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on directly or indir	·		
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 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?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check l	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to	from the tax because it mainta	imed		
expenditure responsibility for the grant?	Ŋ	1/A 🔲 Y	es No	
ff "Yest" attach the statement required by Regulations section 53 494	5-5(d)	* * <u>*</u>		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	-		
a personal benefit contract?		Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		€	Sb X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y6	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A 7	'b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highl	y	
Faid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(a) Name and address	hours per week devoted	(If not paid,	einployee benefit plans and deferred	account, other
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
(a) Name and address SEE STATEMENT 6	hours per week devoted	(If not paid,	einployee benefit plans and deferred	account, other
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
SEE STATEMENT 6	hours per week devoted to position	(If not paid, enter -0-)	einployee benefit plans and deterred cornvensarion	account, other allowances
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc	hours per week devoted to position	(If not paid, enter -0-)	eimployee beneth olans and deferred completisation. O.	account, other allowances O.
SEE STATEMENT 6	luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1) If none. (b) Title, and average	(If not paid, enter -0-) O .	eimployee benefit plans and deferred comitensation. O.	account, other allowances O.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1) If none. (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	account, other allowances 0.

Total number of other employees paid over \$50,000

HOLLENSTEIN ROSS FAMILY FOUNDATION

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE "	
(a) Name and address of each person paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		
		-
Total number of others receiving over \$50,000 for professional services		• (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat	istical information such as the	Evange
number of organizations and other beneficiaries served, conferences convened, research papers pr	oduced etc	Expenses
1 N/A		
2		
		· · · · · · · · · · · · · · · · · · ·
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the lax year o	n lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total, Add lines 1 through 3	>	0.

Page 8

F	eart X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a		1a	408,359.
b		1b	47,951.
C	Fair market value of all other assets	1c	
d		1d	456,310.
е			
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	456,310.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,845.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	449,465.
6	Minimum investment return. Enter 5% of line 5	6	22,473.
Р	Toreign organizations check here Image: and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	22,473.
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) 2b		
С	Add lines 2a and 2b	2c	977.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,496.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	21,496.
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	21,496.
Р	art XII Qualifying Distributions (see instructions)	, <u> </u>	
i	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	51,550.
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		
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	51,550.
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	977.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	977. 50,573.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of lax in those years	qualifies for the	ne section

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				21,496.
2 Undistributed income if any as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years				
·		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007	- -			-
e From 2008 19,824.				•
f Total of lines 3a through e	19,824.			
4 Qualifying distributions for 2009 from				
Part XII, line $4 \triangleright \$$ 51,550.				
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.			
d Applied to 2009 distributable amount				21,496.
e Remaining amount distributed out of corpus	30,054.			
Excess distributions carryover applied to 2003 (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 31 Ac and 1e Subtract line 5	49,878.			
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 deliciency has been issued or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		- 0.		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line		<u></u>		
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				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010				
Subtract lines 7 and 8 from line 6a	49,878.			
O Analysis of line 9		1		
a Excess from 2005				
b Excess from 2006	į			
c Excess from 2007				
d Excess from 2008 19,824.				
e Excess from 2009 30,054.				5 000 BE (0000)

HOLLENSTEIN ROSS FAMILY FOUNDATION

26-1507285 Page 10 C/O SUSAN K. HOLLENSTEIN Form 990-PF (2009) Part XIV Private Operating Foundations (see instructions and Part VII A, question 9) N/A 1 a. If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(i)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2008 (d) 2006 (c) 2007 (e) Total (a) 2009 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 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(1)(3)(B)(1)b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) SEE STATEMENT b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs Check here ► LX I if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include c Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions or other factors

HOLLENSTEIN ROSS FAMILY FOUNDATION

HOLLENSTEIN ROSS FAMILY FOUNDATION

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Part XV | Supplementary Information (continued) 26-1507285 Page 11

3 Grants and Contributions Paid During the Y	If recipient is an individual	Payment	<u> </u>	
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	Contribution	
a Paid during the year				
SEE STATEMENT 8				
Total	1		▶ 3a	51,550.
NONE				
Total	<u> </u>		▶ 3b	0.

Unrelated business income

Excluded by section 512, 513 or 514

Form 990-PF (2009)

Enter gross amounts unless otherwise indicated

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated		o business income	(C) Exclu	by section 512, 513 or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu sion code	(d) Amount	Related or exempt function income
a					
b					
c	1				
d	!				
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					··
investments		٧_			
4 Dividends and interest from securities			14	8,088.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	89,615.	
9 Net income or (loss) from special events				•	
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b	1				
C					
d	1 1				
e	1 1				
2 Subtotal Add columns (b) (d), and (e)		0		97,703.	0
3 Total Add line 12, columns (b), (d), and (e)					97,703
See worksheet in line 13 instructions to verify calculations)			· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activitie	s to the Acco	mplishment of E	xempt P	urposes	
Line No Explain below how each activity for which i			A contributed	d importantly to the accomp	lishment of
the foundation's exempt purposes (other th	nan by providing fur	ids for such purposes)			
		 			
				 ,	
		- 		·· ··· · · · · · · · · · · · · · · · ·	
		- · · -	 .		
				,	
					,

Form 990-PF (2009)

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Р	art X	VII Information R Exempt Organ		To and Transactions an	d Relationships With Nonch	aritable	е	
1	Did t	he organization directly or ind	nectly engage in any of the foll	owing with any other organization	described in section 501(c) of		Yes	No
		- '		on 527, relating to political organization				<u> </u>
		·	lation to a noncharitable exemp	- '				
· ·	(1)	=	attori to a nononarragio exemp	7. 61 gam2a11611 (1		1a(1)		X
	, ,							X
		Other assets				1a(2)		
		transactions						17
	٠,,	Sales of assets to a noncharita	, ,			1b(1)		X
	٠.		oncharitable exempt organization	ח		1b(2)		X
		Rental of facilities, equipment,				1b(3)		X
	(4)	Reimbursement arrangements	5			1b(4)		X
	(5)	oans or loan guarantees				1b(5)		X
	(6)	Performance of services or me	embership or fundraising solic	itations		1b(6)		X
(Shar	ing of facilities, equipment in	ading lists, other assets, or paid	d employees		ic		X
(i If the	answer to any of the above is	"Yes, complete the following	schedule Column (b) should alwa	ys show the fair market value of the goods	, other as:	sets,	
	or se	rvices given by the reporting f	foundation. If the foundation re	ceived less than fair market value	in any transaction or sharing arrangement,	, show in		
	colui	nn (d) the value of the goods,	other assets or services recei	ved				
(a)	Line no	(b) Amount involved	(c) Name of nonchair	table exempt organization	(d) Description of transfers transactions, an	d sharing ar	rangeme	nts
			N/	A				
		7					_	
								
-		 						
		<u> </u>	 					
							_	
							_	
		 	!					
			<u> </u>					_
2 a	is the	foundation directly or indirec	tly affiliated with or related to	one or more tax-exempt organizal	tions described			_
		· ·	r than section 501(c)(3)) or in	section 527?	ļ	Yes	X] No
b	If 'Ye	s " complete the following sch				_	_	
		(a) Name of org	ganization	(b) Type of organization	(c) Description of relation	iship		
		N/A						
			/					
\Box					its, and to the best of my knowledge and belief it is	s true corre	ct	
	and cor	nplete Declaration of firebarer (fibe	a than laxpayer or fiduciary) is base	d on all information of which preparer ha	as any knowledge			
Ì		(11/h)		15-7-10	Mesitat			
ē	S	gnature of officer or trustee		Date	Title			
Sign Here	·	Dranarar A	6:	Dat	e Check if Piepa	rer s identif	ying num	nbei
ē	ج ≥	signature KWC	di Thill	N K	SID self- employed ►			
S	ore or	Firm's name (or yours THE	FAIRMAN GROUP	LLC	EIN >			
}	Paid Preparer's Use Only	it self employed) 801	CASSATT ROAD,		ENV			
	ᇫ	address and ZIP code RERW	YN, PA 19312	OOTIE III	Phone no 610 -	-889-	730	Λ
!		DEKW	LIV, ER 13314		TI HOUSE NO OLO	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>

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

HOLLENSTEIN ROSS FAMILY FOUNDATION

C/O SUSAN K. HOLLENSTEIN

Organization type (check one)

Filers of:

Section

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Check if your organization is covered by the General Rule or a Special Rule

X 501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

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

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

Form 990-PF

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

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

Special Rules

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 contribution, during the year, contributions for use <i>exclusively</i> for religious, charitable etc., purposes but these contributions did not aggregate to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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 for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

26-1507285

IVAIII C	i organizano	11			
HOLI	ENSTE	ΙN	ROSS	FAMILY	FOUNDATION
C/0	SUSAN	Κ.	HOLI	ENSTEIL	<u> </u>
			_		

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HOWARD D. ROSS & SUSAN K. HOLLENSTEIN 989 DERRING LANE BRYN MAWR, PA 19010	\$164,700.	Person X Payroll Noncash X (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
		\$	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)

Employer identification number

HOLLENSTEIN ROSS FAMILY FOUNDATION C/O SUSAN K. HOLLENSTEIN

26-1507285

Part II	Noncash Property (see instructions)	20	-150/205
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	10,000 SHS ICT GROUP		11 /00 /00
(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
		\$	
(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 990-PF DIVIDEN	DS AND	INTER	EST FR	OM SECU	RITIES	STATEMENT 1	
SOURCE		GROSS			ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	
UBS	-		8,088.		0.	8,088.	
TOTAL TO FM 990-PF, PART I,	L N 4		8,08	8.	0.	8,088.	
FORM 990-PF	AC	COUNTI	NG FEE	S	-	STATEMENT 2	
DESCRIPTION	EXPE	A) NSES BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
THE FAIRMAN GROUP		1,500.		0.		0.	
TO FORM 990-PF, PG 1, LN 16B		1,500.	-	0.		0.	
FORM 990-PF		TAXES		STATEMENT 3			
DESCRIPTION	EXPE		NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
PAYMENT MADE WITH U.S. FORM 990-PF 2009 U.S. ESTIMATED TAX PAYMENTS		43.		0.		0.	
TO FORM 990-PF, PG 1, LN 18		143.		0.		0.	
FORM 990-PF	0'	THER E	XPENSE	S		STATEMENT 4	
DESCRIPTION	EXPE	A) NSES BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
REGISTRATION FEE		15.		0.		0.	
TO FORM 990-PF, PG 1, LN 23		15.		0.		0.	

FORM 990-PF C	ORPORATE STOCK		STAT	EMENT 5	
DESCRIPTION	BOOK VALU		FAIR MARKET VALUE		
10,000 SHS QUALCOMM INC	-	9,4	93.	439,470.	
TOTAL TO FORM 990-PF, PART II, LI	NE 10B =	9,4	93.	439,470.	
FORM 990-PF PART VIII - LIS' TRUSTEES AND	r of officers, Di FOUNDATION MANAC	RECTORS GERS	STAT	EMENT 6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
SUSAN K. HOLLENSTEIN 989 DERRING LANE BRYN MAWR, PA 19010	PRESIDENT 1.50	0.	0.	0.	
HOWARD D. ROSS 989 DERRING LANE BRYN MAWR, PA 19010	VICE PRESIDENT 0.25	0.	0.	0.	
MATTHEW A. ROSS 226 WEST 21ST STREET APT 3F NEW YORK, NY 10011	TREASURER 0.00	0.	0.	0.	
RACHAEL K. ROSS 989 DERRING LANE BRYN MAWR, PA 19010	SECRETARY 0.00	0.	0.	0.	
HERBERT ROSS 290 EAST WINCHESTER AVE. APT 415 LANGHORNE, PA 19047	BOARD MEMBER 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.	

FORM 990-PF	PART XV - LINE 1A	STATEMENT 7
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

SUSAN K. HOLLENSTEIN HOWARD D. ROSS

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 8	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
A BETTER CHANCE IN LOWER MERION P.O BOX 213 ARDMORE, PA 19003	N/A GENERAL FUND	CHARITY	10,000.
MAIN LINE ANIMAL RESCUE PO BOX 89 CHESTER SPRINGS, PA 19425		CHARITY	10,000.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148	N/A GENERAL FUND	CHARITY	10,000.
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	N/A GENERAL FUND	CHARITY	5,000.
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	N/A GENERAL FUND	CHARITY	1,000.
PROJECT FORWARD LEAP 1706 RACE STREET PHILADELPHIA, PA 19103	N/A GENERAL FUND	CHARITY	6,300.

HOLLENSTEIN ROSS FAMILY FOUNDAT	ION C/O S		26-1507285
FEEL GOOD WORLD 2935 VAN NESS AVE. STE 9 SAN FRANCISCO, CA 94109	N/A GENERAL FUND	CHARITY	250.
IMPACT 100 PHILADELPHIA PO BOX 275 WYNNEWOOD, PA 19096		CHARITY	1,000.
ATLANTA PET RESCUE 720 14TH STREET NORTHWEST ATLANTA, GA 30318	N/A GENERAL FUND	CHARITY	5,000.
URBAN BLAZERS 2929 ARCH STREET STE 1550 PHILADELPHIA, PA 19104	N/A GENERAL FUND	CHARITY	3,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		51,550.