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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

08/01, 2008, and ending 07/31,2009 A For the 2008 calendar year, or tax year beginning D Employer identification number Diaseo C Name of organization THE M.S. HERSHEY FOUNDATION B Check if applica use IRS 23-6242734 Х label o print o Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number (717)298-2200Initial return See 63 WEST CHOCOLATE AVENUE Specific City or town, state or country, and ZIP + 4 instruc Amended tions HERSHEY, PA 17033 G Gross receipts \$ 16,327,503. return F Name and address of principal officer MR. RAYMOND GOVER Application pending H(a) Is this a group return for Yes xH(b) Are all affiliates included? W CHOCOLATE AVENUE HERSHEY, PA 17033 If "No." attach a list (see instructions) Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or H(c) Group exemption number WWW.MSHERSHEYFOUNDATION.ORG L Year of formation 1935 M State of legal domicile Type of organization Corporation X Trust Other > Part I Summary Briefly describe the organization's mission or most significant activities TO PRESERVE AND ENHANCE MILTON HERSHEY'S LEGACY AND COMMUNITY VISION Activities & Governance AND TO PROVIDE EDUCATIONAL AND CULTURAL ENRICHMENT TO THE RESIDENTS I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) NONE Total number of employees (Part V, line 2a) 121 Total volumber of volumbers (estimate if necessary) 504 Total gross unrelated business revenue from Part VIII, line 12, column (C) NONE 7 a Net unselated business taxable income from Form 990-T, line 34 . b NONE Current Year 37 **Prior Year** 6,727,287. Contribution and grants (PartV)II, line 1h) 271,543 Program sarvide revenue (Part VIII, line 2g) 5,634,437. 5,851,640 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -21,112.1,472,443 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,040. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,595,626 12,343,652 Grants and similar amounts paid (Part IX, column (A), lines 1-3) NONE Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,707,223 3.353.667. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) ▶ _____50,740. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 6,112,735 6,799,653. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,819,958 10, 153, 320. Revenue less expenses Subtract line 18 from line 12. -1,224,3322,190,332 Beginning of Year End of Year Total assets (Part X, line 16) 55,641,035. 20 53,601,692 21 Total liabilities (Part X, line 26) 16,755,682 21,335,877. 22 Net assets or fund balances Subtract line 21 from line 20. 36,846,010. 34,305,158 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Meus Sign Signature of officer Here Execute Director ONACO Type or print name and title Preparer's identifying number Check if Preparer's self-Paid signature employed Preparer's Firm's name (or yours WTAS LLC Phone no 335 COMMERCE DRIVE - SUITE 201 FORT WASHINGTON, PA 19034 <u>215-654-1600</u> May the IRS discuss this return with the preparer shown above? (See instructions) .

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

4d Other program services (Describe in Schedule O) (Expenses \$

303, 204. including grants of \$

) (Revenue \$

359,337.

9, 292, 435 (Must equal Part IX, Line 25, column (B)) 4e Total program service expenses ▶ \$

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Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		x
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			1
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	 		~
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8	x	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	!		
	complete Schodule D. Deet IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			-
	Porto VII VIII IV or V or probable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	· · ·		
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		
_	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	1	v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		Х
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		<u>X</u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	4.		v
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16	- +	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	77	<u>X</u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	-	<u></u>	<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	22		<u> </u>
	Schodula I	22	.,	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	<u> </u>	
_ ~u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	242		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defence any tay ayamat hands?	24-	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d	- +	
2 3 d	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	1		
_		25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	_]		
ISA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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Form 990 (2008)

Checklist of Required Schedules (continued) Part IV Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L. 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

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Fal	Statements Regarding Other IRS Fillings and Tax Compliance				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns Enter -0- if not applicable	1a 34			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b NONE	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable			
	gaming (gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1 1	Ì	
	Statements, filed for the calendar year ending with or within the year covered by this return !	2a 121	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ref	turns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	e instructions)		ļ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year coverage.	ered by		- 1	
	this return?		3a		<u> </u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority		İ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other to	inancial			
	account)?		4a		<u> X</u>
b	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	n Bank			
	and Financial Accounts			ļ	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		<u>X</u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entit		_		
	Prohibited Tax Shefter Transaction?		5c		
	Did the organization solicit any contributions that were not tax deductible?		6a		<u> </u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribu		6ь		
_	gifts were not tax deductible?		60		
7	Organizations that may receive deductible contributions under section 170(c).		7.		v
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mo		7a 7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		'		
С			7c		х
	required to file Form 8282?	7.4	10		
a	If "Yes," indicate the number of Forms 8282 filed during the year	norcenal	1	1	
е		•	7e		х
f	benefit contract?		7f	-	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-				
• • • • • • • • • • • • • • • • • • • •	required?		7 h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and se				
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spo				
	organization, have excess business holdings at any time during the year?	_	8		х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a		х
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u>X_</u>
0	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			İ	
	Section 501(c)(12) organizations. Enter			- [
	Gross income from members or shareholders			1	
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	· <u>-</u>			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041? · · ·	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				

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Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Sec	tion A. Governing Body and Management			
	Connect West and a second state of the second		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	-		İ
ь	Enter the number of voting members that are independent 1b NONE	1	Ì	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			ŀ
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<u> X</u>	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	X
6	Does the organization have members or stockholders?	6		X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	l _		
_	of the governing body?	7a		<u> </u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		<u> </u>
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X	
9a	Does the organization have local chapters, branches, or affiliates?	9 a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	_X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u>X</u>
Secu	on B. Policies		I	
4 2 -	Does the organization have a written conflict of interest policy? If "No," go to line 13	40	Yes	No
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a	_ <u>x</u>	
D	area to conflicto?	406		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	_X	
С		40-		
13	Does the organization have a written whistleblower policy?	12c	Х	
14	Does the organization have a written document retention and destruction policy?	13		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by	14		<u>X</u>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ļ		
_	· · · · · · · · · · · · · · · · · · ·	45-	.,	
a b		15a	X	
U	Describe the process in Schedule O (see instructions)	15b	×	
169	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ı va	11 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	46-	[
ь.	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		<u>X</u>
Ü	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	Ì		
	the organization's exempt status with respect to such arrangements?	466		
Socti	on C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed PA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	OD/1	- -	
10	available for public inspection. Indicate how you make these available. Check all that apply	orny)		
	Own website Another's website X Upon request			
40	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	204		
19	policy, and financial statements available to the public	5 51		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	•		
20	• •		_	
	organization DONALD PAPSON, EXEC. DIRECTOR 63 WEST CHOCOLATE AVE. HERSHEY, PA	r 703	ু	
	717-298-2200			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndrvidual trustee	institutional trustee	Officer	Key employee	Highest compensated at employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
RAYMOND L GOVER										
BD OF MGRS-PRESIDENT/CHAIRMAN	1.	_ X_	<u> </u>	X			L	NONE	99,500.	NONE
JAMES MEAD							١.,			
BOARD OF MANAGERS	1.	X						NONE	125,000.	NONE
VELMA A REDMOND ESQ		İ								
BOARD OF MANAGERS	3.	Х						NONE	116,145.	NONE
ROBERT REESE										
BOARD OF MANAGERS	2.	X					ļ	NONE	125,000.	NONE
LEROY S ZIMMERMAN										
BOARD OF MANAGERS	1.	X						NONE	271,000.	228,996.
HERSHEY TRUST COMPANY										
INSTITUTIONAL TRUSTEE	4.		Х		\dashv			1,000.	NONE	NONE NONE
GAYLA BUSH	_			ľ		Ī				
ASST TREASURER/ASST SECRETARY	2.		_	X				NONE	212,669.	39,983.
KENNETH GALL				_		İ				
ASST TREASURER/ASST SECRETARY	1.			X	\dashv			NONE	134,632.	35,542.
MARTA HOWELL			- 1			ļ				
EXECUTIVE DIRECTOR	40.	\dashv	\dashv	х			\dashv	146,810.	NONE	15,211.
VINCENT B RUDISILL				[i				
TREASURER	2.			х				NONE	2,635,241.	476,065.
JAMES M SHEEHAN ESQ	۱ ا			.				,,,,,,	246 245	
SECRETARY	3.		-	x		-	-+	NONE	346,345.	60,972.
DIANE PAUL	40				- 1	x		06.406	330377	10 770
DIRECTOR - COMMUNITY RELATIONS	40.		\dashv	-	\dashv			86,486.	NONE	19,778.
ANTHONY J COLISTRA ED D	NONE			- 1],	x	NONE	91,000.	14 464
FORMER-BOARD OF MANAGERS	NONE			+	+		^+	NONE	91,000.	14,464.
ROBERT C VOWLER FORMER-OFFICER	NONE					,	x	NONE	1,542,342.	740,742.
	NONE			T	1		2	NONE	1,542,542.	140,142.
							+			
							-			

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Part VII Section A. Officers, Directors, Tru (A)	(B)	J EII	ipit		<u>сэ,</u> С)	anu	nig	(D)	(E)	35 (COILLII	(F)	
Name and title	Average	Posi	tion i			that ap	ply)	Reportable	Reportable	,	(F) Estimati	ed
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee			compensation from related organization (W-2/1099-MI	on a d ss co SC) of a	amount other mpensa from th rganizat and relat ganizat	of ation ne tion ted
		_										
1b Total					<u> </u>		▶	234,296.	5,698,87	4. 1,	631,	753.
2 Total number of individuals (including those organization ▶ 1	ın 1a) w	ho re	cer	ved	mc	re th	an	\$100,000 in rep	ortable comp	ensation	from t	the
3 Did the organization list any former office	er, directo	r or	trus	stee	e, k	ey e	mpl	oyee, or highest	compensated	, [Yes	No
employee on line 1a? If "Yes," complete Schedu	le J for suc	h ındı	vidu	al .						3	Х	ļ
4 For any individual listed on line 1a, is the the organization and related organizations	greater tha	an \$1	50,	000)? [f "Ye	9 S , "	complete Schedu	le J for such	,		
Individual	or accru	е со	mpe	ensa	atior	n fro	m a	any unrelated or	ganization for	,	X	
Section B. Independent Contractors	Julipiele 3	CHOUL	10 3	101	SUC	n p o rs	SULL	· · · · · · · · · · · · · · · · · · ·	<u> </u>	5	ТТ	<u> </u>
Complete this table for your five highest compensation from the organization	ompensate	ed inc	lepe	ende	ent	contr	acto	ors that received	more than \$	100,000	of	
(A) Name and business addre	ess							(B) Description of serv	ices	(C) Compen		
SEE STATEMENT 1												
	· · · · · ·		_									
2 Total number of independent contractors (in	cluding th	nse ir	1 1	\ \w/1	he.	recen	/ed	more than \$100	000 10			
compensation from the organization	9		,						,550 111			

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I L V	Statement of Rever	nue		23-6242734			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under sections 512, 513, or 54
1 a	a Federated campaigns	1a				·····	
1 a b c c c c c c c c c c c c c c c c c c	b Membership dues	<u>1</u> 6	210,921.				
	c Fundraising events	1c	14,570.				
d	d Related organizations	1d	1,216,036.				
е	 Government grants (contrib 	outions) 1e	4,589,218.				İ
1	f All other contributions, gifts, gra		İ				
	and similar amounts not include		696,542.				
g							
h	Total. Add lines 1a-1f			6,727,287.			
			Business Code				
2 a			713990	4,744,776.	4,744,776.		
þ		<u> </u>	611710	121,174.	121,174.		
C			532000	243,575.	243,575.		
d			900099	477,617.	477,617.		
9	SALE OF MUSEUM COLLECTIO		900099	47,295.	47,295.		
f	f All other program service re			5 (24 422			
8				5,634,437.		 <u>-</u>	
3	Investment income (includi			720,883.			720,883
	other similar amounts)			NONE			/20,000
4	Income from investment of	•		NONE			
5	Royalties · · · · · · · · · · ·	(ı) Real	(II) Personal	HONE			
6.	Cress Bonto						
6a		ŀ	†				
b							İ
c d	` '		i	NONE			
	, ,	(i) Securities	(II) Other	HONE			
7 a		3, 237, 252.	4,044.				
_	assets other than inventory Less cost or other basis	3,237,232.	1,011.				
D	and sales expenses	3,899,690.	83,601.	1	ì		ļ
	Gain or (loss)						
d			1	-741,995.			-741,995
8 a	• , ,	fundraising		741,555.			-/41,993
oa	Gross income from events (not including \$		STMT 2		İ		
	of contributions reported on						
	See Part IV, line 18	-	3,600.				
	Less direct expenses		560.				
c	Net income or (loss) from fu			3,040.			3,040
	Gross income from gaming		01112 01 1 1	3,010.	···		3,040
Ja	See Part IV, line 19						ľ
	Less direct expenses						
c	: Net income or (loss) from g			NONE			-
	Gross sales of invent returns and allowances	ory, less					
ь							1
	Net income or (loss) from sa			NONE			
	Miscellaneous Rever	nue	Business Code				
11a							
b							
c							
d	• • •						
e		· · · · · ·		NONE		~	
	. own / see mice flatfly .		-				+
12	Total Revenue. Add lines 1h	20 3 4 5 54 7	d 8c	ı	I		1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B) (C), and (D)

	All other organizations must comple not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				-
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		İ		
	US See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
_	trustees, and key employees	199,797.	73,486.	126,311.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	2,221,826.	2,096,967.	124,859.	
8	Pension plan contributions (include section 401	345 333	212 272	21 522	
۵	(k) and section 403(b) employer contributions).	345,770.	313,978.	31,792.	
9	Other employee benefits	308,337.	281,652.	26,685.	
10	Payroll taxes	277,937.	257,227.	20,710.	
11	Fees for services (non-employees)	220 560	212 700	14.760	
	Management	228,560.	213,792.	14,768.	
	Legal	92,768.	38,008.	54,760.	
	Accounting	53,788. NONE		53,788.	
	Lobbying	NONE			· · · · · · · · · · · · · · · · · · ·
	Professional fundraising services See Part IV, line 17 Investment management fees	NONE			
	Other	NONE			
12	Advertising and promotion	681,832.	677,284.	4,548.	
13	Office expenses	81,301.	73,055.	8,246.	
14	Information technology	84,152.	63, 157.	20, 995.	
	Royalties	NONE	05,157.	20,333.	
16	Occupancy	722,832.	664,882.	57,950.	
	Travel	3,088.	2,732.	356.	-
	Payments of travel or entertainment expenses	3,000.	2,732.		· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	5,197.	4,547.	650.	
	Interest	213,932.	1,54,	213, 932.	
	Payments to affiliates	NONE		213, 332.	
	Depreciation, depletion, and amortization	1,424,144.	1,403,063.	21,081.	-
	Insurance	128,597.	113,153.	15,444.	
	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	COST_OF_ATTRACTIONS	2,371,294.	2,371,294.		
b	COLLECTIONS_MANAGEMENT	116,479.	116,479.		
	PROGRAM_SUPPLIES	300,566.	300,566.		
	PURCHASE-MUSEUM_COLLECTIONS_	21,571.	21,571.		
е	MISCELLANEOUS	269,552.	205,542.	13,270.	50,740
	All other expenses				55, 10
	Total functional expenses. Add lines 1 through 24f	10,153,320.	9,292,435.	810,145.	50,740
	Joint Costs. Check here ▶ If following				30,7,40
	SOP 98-2 Complete this line only if the organization				
1	eported in column (B) joint costs from a				
	combined educational campaign and fundraising colicitation				
ISA					Fe- 990 (2000

Pa	art X	Balance Sheet				
			(A) Beginning of year		End ((B) of year
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments		2	2,	624,036
	3	Pledges and grants receivable, net		3	<u> </u>	
	4	Accounts receivable, net	2,309,968.	4	3,	017,831
	5	Receivables from current and former officers, directors, trustees, key				
		employees, or other related parties. Complete Part II of Schedule L		5		·
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II			1	
		of Schedule L		6		
ţ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sales or use		8		
∢	9	Prepaid expenses and deferred charges	71,625.	9		159,690
	10a	3071207000				
	b	Less accumulated depreciation Complete				
		Part VI of Schedule D	19,249,265.	10c	26,	681,644
	11	Investments - publicly traded securities STMT- 4	28,332,394.	11	23,	157,834
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12		
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	<u> </u>	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	14		
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	·	15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,601,692.	16	55,	641,035
	17	Accounts payable and accrued expenses	2,414,383.	17	2,	337 <u>,</u> 070
	18	Grants payable		18		
	19	Deferred revenue	1,771,644.	19	1,4	481,783
	20	Tax-exempt bond liabilities		20		
BS	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,				
ap	ì	highest compensated employees, and disqualified persons. Complete Part II				
١		of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	12,569,655.	25	17,5	517,024
	26	Total liabilities. Add lines 17 through 25	16,755,682.	26	21,3	335 <u>,</u> 877
ses		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.				
ä	27	Unrestricted net assets	7,918,575.	27	14,0	90,970
Ba	28	Temporarily restricted net assets	28,927,435.	28	20,2	214,188
Б	1	Permanently restricted net assets		29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.				
şts		Capital stock or trust principal, or current funds		30	<u> </u>	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
tΑ	32	Retained earnings, endowment, accumulated income, or other funds		32		
S	33	Total net assets or fund balances	36,846,010.	33	34,3	305,158.
	34	Total liabilities and net assets/fund balances	53,601,692.	34		41,035.
Pa	rt XI	Financial Statements and Reporting				
ı		unting method used to prepare the Form 990 Cash X Accrual Other				Yes No
2a		the organization's financial statements compiled or reviewed by an independent account				X
b		the organization's financial statements audited by an independent accountant?			· · · 2b	X
С		s" to lines 2a or 2b, does the organization have a committee that assumes responsibility t				
		review, or compilation of its financial statements and selection of an independent accour			· · · 2c	
3a		esult of a federal award, was the organization required to undergo an audit or audits as so				
		ngle Audit Act and OMB Circular A-133?			<u> </u>	X
b	If "Ye	s," did the organization undergo the required audit or audits?			Зь	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection

Name of the organization Employer identification number HERSHEY FOUNDATION 23-6242734 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally Integrated Type II С Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations, described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11a(i) Х (ii) A family member of a person described in (i) above? Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Х Provide the following information about the organizations the organization supports (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (iv) is the organization (vi) Is the (vii) Amount of (described on lines 1-9) organization in col (i) listed in your the organization in organization in col. support above or IRC section governing document? col (i) of your (I) organized in the (see instructions)) support? US? Yes No Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Pa	Support Schedule for Or (Complete only if you che	ganizations I	Described in Son line 5, 7, or	Sections 170(b 8 of Part I))(1)(A)(iv) and	170(b)(1)(A)(v	ri)
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	· · · · · · · · · · · · · · · · · · ·					
11	Total support. Add lines 7 through 10		<u> </u>			l	
12	Gross receipts from related activities, etc. (\$	See instructions)				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here				· · · · · · · · · · · · · · · · · · ·	<u></u>	<u> ▶ _ </u>
	tion C. Computation of Public Sup					1	
	Public support percentage for 2008 (li						<u>%</u>
	Public support percentage from 2007						<u>%</u>
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif						
Þ	33 1/3% support test - 2007. If the o						
4 -	box and stop here. The organization q						
1 / a	10%-facts-and-circumstances test - 2						
	is 10% or more, and if the organization in Part IV how the organization meets					•	
	<u> </u>			•	•)Orted
h	organization						line
	15 is 10% or more, and if the organiza	_					11110
	Explain in Part IV how the organization						icly
	supported organization				-		
18	Private foundation. If the organization						
	instructions						_ ! !
			·			edule A (Form 990	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support	·.·			· · · · · · · · · · · · · · · · · · ·		
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")	583,389.	572,370.	484,284.	485,587.	6,730,327.	8,855,957
2							
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	4,614,431.	4,403,049.	4,806,019.	5,637,596.	5,634,437.	25,095,532
3	Gross receipts from activities that are not an		, ,	-//-		5,551,151	2072007000
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5	5,197,820.	4,975,419.	5,290,303.	6,123,183.	12,364,764.	33,951,489.
	Amounts included on lines 1, 2, and 3	3/13//020.	1,5/5/115.	3,230,303.	0,125,105.	12, 304, 104.	33, 331, 403.
	received from disqualified persons	133,664.	136,636.	176,880.	2,143,794.	1,216,036.	3,807,010.
b	Amounts included on lines 2 and 3	133,004.	130,030.	170,000.	2,133,731.	1,210,030.	5,007,010.
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the						
	year or \$5,000 · · · · · · · · · · · · · · · · · ·	133,664.	136,636.	176,880.	2,143,794.	1,216,036.	3,807,010.
8		135,004.	130,030.	170,000.	2,143,734.	1,210,036.	3,807,010.
	line 6)						30,144,479.
Sec	tion B. Total Support	<u></u>		البيدين المستحدد	·		30,144,473.
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9		5,197,820.	4,975,419.	5,290,303.	6,123,183.	12,364,764.	33,951,489.
	Gross income from interest, dividends,	3/13//0201	1/3/3/112	3,230,303.	0,123,103.	12,304,704.	33, 331, 403.
	payments received on securities loans,						
	rents, royalties and income from similar sources	836,435.	773,281.	876,320.	813,389.	720,883.	4,020,308.
ь	Unrelated business taxable income (less	333, .33.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0/3201	0137303.	720,000.	1,020,500.
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	836,435.	773,281.	876,320.	813,389.	720,883.	4,020,308.
11	Net income from unrelated business	0307.3331	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0/320.	013,303.	720,003.	4,020,300.
	activities not included in line 10b,	İ			J		
	whether or not the business is regularly				1		
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	İ		ŀ		j	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						37,971,797.
14	First five years. If the Form 990 is for	the organization	's first, second.	third, fourth, or	fifth tax vear as	a section 501(
	organization, check this box and stop here.						··· —
Sect	tion C. Computation of Public Sup						· · · · · ·
15	Public support percentage for 2008 (line 8,			n (f))		15	79.39%
16	Public support percentage from 2007 Sche					16	83.89%
Sect	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin			, column (f))		17	10.59%
18	Investment income percentage from 2007 S					18	13.60%
	33 1/3% support tests - 2008. If the orga						
- -	17 is not more than 33 1/3 %, check this box						
b	33 1/3% support tests - 2007. If the organ						
-	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did n						

JSA

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**08**

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

1 Total n 2 Aggreg 3 Aggreg 5 Did the funds a 6 Did the used o	HERSHEY FOUNDATION Organizations Maintaining Donor Adv the organization answered "Yes" to For umber at end of year	m 990, Part IV, line 6 (a) Donor advise		23-6242734 Accounts. Complete if (b) Funds and other accounts
1 Total n 2 Aggreg 3 Aggreg 5 Did the funds a 6 Did the used o	umber at end of year	m 990, Part IV, line 6 (a) Donor advise		
Aggreg Aggreg Aggreg Did the funds a Did the used o	pate contributions to (during year)	dvisors in writing that th	ed funds	(b) Funds and other accounts
Aggreg Aggreg Aggreg Did the funds a Did the used o	pate contributions to (during year)			
2 Aggreg 3 Aggreg 4 Aggreg 5 Did the funds a 6 Did the used o	pate contributions to (during year)			
Aggreg Aggreg Did the funds a Did the used o	pate grants from (during year)			
A Aggreg Did the funds a Did the used o	pate value at end of year			
Did the funds a Did the used o	organization inform all donors and donor a are the organization's property, subject to the			
funds a B Did the used o	are the organization's property, subject to th		e assets held in don	or advised
used o			e legal control?	Yes L No
ımpern	e organization inform all grantees, donors, a nly for charitable purposes and not for the b			may be
	nissible private benefit?			L
Part II	Conservation Easements. Complete if	the organization answ	vered "Yes" to For	m 990, Part IV, line 7
1 Purpos	e(s) of conservation easements held by the	organization (check all the	nat apply)	
☐ P	reservation of land for public use (e.g., recre	ation or pleasure)	Preservation of a	an historically importantly land area
1 1	rotection of natural habitat	' '		certified historic structure
P	reservation of open space			
	ete lines 2a-2d if the organization held a qua	Ilified conservation cont	ribution in the form o	of a conservation easement
•	last day of the tax year			
	•			Held at the End of the Year
a Total n	umber of conservation easements			la l
	creage restricted by conservation easements			ь
	er of conservation easements on a certified I		li li	
	er of conservation easements included in (c)			
	er of conservation easements modified, trans			
		sierreu, reieaseu, exting	juisned, or terminate	d by the organization during
	able year		. d .	
	er of states where property subject to conse			
	ne organization have a written policy regardi ement of the conservation easements it holds			
	r volunteer hours devoted to monitoring, insp			
	t of expenses incurred in monitoring, inspec	-		-
	ach conservation easement reported on line	_	-	
	4)(B)(i) and 170(h)(4)(B)(ii)?	• •	•	1 1 1
	XIV, describe how the organization reports			
	e sheet, and include, if applicable, the text o			
	anization's accounting for conservation ease		ariization 5 iirianciai	statements that describes
Part III	Organizations Maintaining Collections		asures or Other S	Similar Assets
	Complete if the organization answered	"Yes" to Form 990, Pa	art IV, line 8.	
art, his	rganization elected, as permitted under SFA torical treasures, or other similar assets held , in Part XIV, the text of the footnote to its fi	l for public exhibition, ed	ducation, or researci	n in furtherance of public service.
historic	rganization elected, as permitted under SFA al treasures, or other similar assets held for the following amounts relating to these item	public exhibition, educa		
•	renues included in Form 990, Part VIII, line 1			> \$
	ets included in Form 990, Part X			
	rganization received or held works of art, his			
	g amounts required to be reported under Sf			
	ies included in Form 990, Part VIII, line 1			> \$
	included in Form 990, Part X			
	t and Paperwork Reduction Act Notice, see the Instruct			Schedule D (Form 990) 200

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection terms (check all that apply) 2	Pa	t III Organizations Maintaining Col	lections of Art, Hist	orical Treasures, o	or Other Similar	Assets (continued)
a		•				
a X Public exhibition	3		er records, check any	of the following that	t are a significant i	use of its collection
b			_			
c	а	X Public exhibition	d	Loan or excha	ange programs	
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	X Scholarly research	е	Other		
Part XIV During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C	X Preservation for future generation	ns			
Source to be sold to raise funds atther than to be maintained as part of the organization's collection?	4	Provide a description of the organization's	collections and explain	n how they further th	e organization's ex	empt purpose in
Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b if "Yes," explain the arrangement in Part XIV and complete the following table 2 Beginning balance 3 Beginning balance 4 Additions during the year 4 Distributions during the year 4 Distributions during the year 5 Ending balance 4 Distributions during the year 5 Ending balance 6 Distributions during the year 6 Distributions during the year 7 Ending balance 7 Ending balance 8 Distributions during the year 9 Distributions during the year 10 Distributions during the year 10 Distributions during the year 10 Distributions during the year 11 Ending balance 12 Did the organization include an amount on Form 990, Part X, line 21? 13 Endowment Funds, Complete if organization answered "Yes" to Form 990, Part IV, line 10 14 Beginning of year balance 15 Ending balance 16 (a) Current Year 17 Endowment Funds, Complete if organization answered "Yes" to Form 990, Part IV, line 10 15 Endowment Funds, Complete if organization answered "Yes" to Form 990, Part IV, line 10 16 Contributions 17 Endowment Funds, Complete if organization answered "Yes" to Form 990, Part IV, line 10 18 Beginning of year balance 28 9,37,4335,		Part XIV				
Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No b if "Yes," explain the arrangement in Part XIV and complete the following table □ Beginning balance □ 1c □ 4 Amount □ 1d □ 1d □ 1d □ 1d □ 1d □ 1d □ 1d □ 1	5	During the year, did the organization solici	t or receive donations	of art, historical trea	asures, or other sim	ıtar
Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table □ Beginning balance 1c		assets to be sold to raise funds rather than	to be maintained as p	art of the organizati	on's collection?	· · · · Yes X No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai				n answered "Yes	' to Form 990,
No If "Yes," explain the arrangement in Part XIV and complete the following table Amount		Part IV, line 9, or reported an a	mount on Form 990	, Part X, line 21		
No If "Yes," explain the arrangement in Part XIV and complete the following table Amount						
b If "Yes," explain the arrangement in Part XIV and complete the following table c Beginning balance	1 a	Is the organization an agent, trustee, custo	dian or other intermed	liary for contributions	s or other assets n	ot
C Beginning balance 1 C Amount		included on Form 990, Part X?				Yes No
C Beginning balance 1 C	b	If "Yes," explain the arrangement in Part XI	V and complete the fo	llowing table		
d Additions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year and programs Distributions D					,	Amount
e Distributions during the year	С	Beginning balance		10	С	· · · · · · · · · · · · · · · · · · ·
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217	d	Additions during the year		10	d	
2a Did the organization include an amount on Form 990, Part X, line 21?	e	Distributions during the year		10	9	
b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance 28,927,433.	f	Ending balance		11	F	
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10	2a	Did the organization include an amount on	Form 990, Part X, line	21?		Yes No
(a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)	b	If "Yes," explain the arrangement in Part XI	V			
1a Beginning of year balance 28,927,435.	Par	t V Endowment Funds. Complete	ıf organization answ	ered "Yes" to Form	n 990, Part IV, lin	e 10
b Contributions		(a) Cu	rrent Year (b) Prior y	ear (C) Two years	back (d) Three ye	ears back (e) Four years back
b Contributions	1 a	Beginning of year balance 28	,927,435.			
d Grants or scholarships	b	Contributions				
d Grants or scholarships	c	Investment earnings or losses	. 996. 038.			
and programs	d		, ,			
f Administrative expenses	0	Other expenditures for facilities .				
f Administrative expenses		and programs	.717.209.			1
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶	f		, ,			
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶	g	End of year balance	. 214 . 188 .			
a Board designated or quasi-endowment	2				· · · · · · · · · · · · · · · · · · ·	
b Permanent endowment ▶	а	•				
c Term endowment ▶ 100.0000 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by	b	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by	С	Term endowment ▶ 100,0000%				
Yes No (i) unrelated organizations 3a(i)			session of the organiza	ation that are held a	nd administered for	· the
(i) unrelated organizations 3a(i) x (ii) related organizations 3a(ii) x b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b x 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 1,000 1,000 1,000 b Buildings 21,917,503 753,376 21,164,127 c Leasehold improvements 8,977,333 4,734,671 4,242,662 d Equipment 2,401,438 1,232,359 1,169,079 e Other 117,784 13,008 104,776		•	•			
(ii) related organizations 3a(ii) x b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b x 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 1,000 1,000 1,000 b Buildings 21,917,503 753,376 21,164,127 c Leasehold improvements 8,977,333 4,734,671 4,242,662 d Equipment 2,401,438 1,232,359 1,169,079 e Other 117,784 13,008 104,776		(i) unrelated organizations				(2 - (1)
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?						
Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value	b	· ·				
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value	_	• • •	· · · · · · · · · · · · · · · · · · ·			
tall Land	Par				(, line 10	
the Buildings (investment) basis (other) 1a Land 1,000 1,000 b Buildings 21,917,503 753,376 21,164,127 c Leasehold improvements 8,977,333 4,734,671 4,242,662 d Equipment 2,401,438 1,232,359 1,169,079 e Other 117,784 13,008 104,776		Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Degreciation	(d) Book value
b Buildings 21,917,503 753,376 21,164,127 c Leasehold improvements 8,977,333 4,734,671 4,242,662 d Equipment 2,401,438 1,232,359 1,169,079 e Other 117,784 13,008 104,776					(5, 55) (5)	
b Buildings 21,917,503 753,376 21,164,127 c Leasehold improvements 8,977,333 4,734,671 4,242,662 d Equipment 2,401,438 1,232,359 1,169,079 e Other 117,784 13,008 104,776	1 a	Land		1,000.		1,000.
c Leasehold improvements 8,977,333. 4,734,671. 4,242,662. d Equipment 2,401,438. 1,232,359. 1,169,079. e Other 117,784. 13,008. 104,776.	b	Buildings			753,376.	
d Equipment 2,401,438. 1,232,359. 1,169,079. e Other 117,784. 13,008. 104,776.	С	Leasehold improvements				
e Other 117,784. 13,008. 104,776.	d	Equipment			1 '	
				117,784.	13,008.	
	Γota	. Add lines 1a-1e (Column (d) should equal	Form 990, Part X, colu			

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See	Form 990, Part X, II	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Calumn (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments - Program Related. See	Form 990, Part X, II	ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X,	line 15.	<u> </u>
	Description	(b) Book value
	······································	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)		
Part X Other Liabilities. See Form 990, Part >		
(a) Description of liability	(b) Amount	
Federal income taxes		
ACCRUED POST RETIREMENT BEN OB	2,542,417.	
LOAN GUARANTEE OBLIGATION	14,811,695.	
INTEREST RATE SWAP LIABILITY	162,912.	
-		
Fatal (Column (h) should aqual Form 990, Part V and (P) line 25 1	17.517.001	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	17,517,024.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

JSA

Schedule'D (Form 990) 2008	23-6242734	Page 5
Part XIV Supplemental Information (continued)		
COLLECTIONS OF ART, HISTORICAL TREASURERS,	OR OTHER SIMILAR ASSETS	
SCHEDULE D, PART III, LINE 4		
THE M.S. HERSHEY FOUNDATION'S COLLECTION IN	CLUDES THE FOLLOWING:	
(1) ARTIFACTS AND HISTORICAL ORAL AND WRITT	EN_DOCUMENTS_RELATED_TO_THE	
LIFE AND LEGACY OF MILTON S. HERSHEY FROM H	HIS PERSONAL LIFE TO HIS	
VARIOUS BUSINESSES TO HIS PHILANTHROPIES		
(2) ARTIFACTS AND HISTORICAL ORAL AND WRITT	EN_DOCUMENTS_RELATED_TO_THE	
COMMUNITY OF HERSHEY		
(3) ARTIFACTS THAT DOCUMENT PENNSYLVANIA GE	RMAN CULTURE	
(4) ETHNOGRAPHIC MATERIALS RELATED TO INDIC	ENOUS PEOPLE OF THE UNITED	
STATES		
(5) PLANTINGS AT THE HERSHEY GARDEN		
THE ABOVE COLLECTIONS FURTHER M.S. HERSHEY	FOUNDATION'S EXEMPT PURPOSE OF	
EDUCATION AND CULTURAL ENRICHMENT TO THE RE	SIDENTS OF THE HERSHEY AREA BY	
BEING DISPLAYED IN AN ACCESSIBLE PUBLIC MUS	EUM, PUBLIC ARCHIVE AND	
GARDENS.		
INTENDED USES OF THE ORGANIZATION'S ENDOWME	NT FUNDS	
SCHEDULE D, PART V, LINE 4		
MILTON S. HERSHEY MADE HIS GIFT TO THE M.S.	HERSHEY FOUNDATION ON	
DECEMBER 5, 1935 WITH THE PURPOSE OF CREATI	NG AND ENDOWING IN PERPETUITY	
THIS FOUNDATION FOR EDUCATIONAL PURPOSES.	THE TRUST WAS FUNDED FOR	·
SEVERAL USES, INTENTS AND PURPOSES: FOR THE	ESTABLISHMENT AND MAINTENANCE	
IN WHOLE OR IN PART OF ONE OR MORE EDUCATION	NAL INSTITUTIONS IN DERRY	
TOWNSHIP, PENNSYLVANIA, THE SUPPORT OF PUBL	IC SCHOOLS OF DERRY TOWNSHIP	
AND THE IMPROVEMENT AND ELEVATION OF THE ST	ANDARD OF EDUCATION, AND THE	

Schedule D (Form 990) 2008	23-6242734	Page 5
Part XIV Supplemental Information (continued)		
VOCATIONAL, CULTURAL OR PROFESSIONAL EDUCAT	ION OF ANY RESIDENT OF DERRY	
TOWNSHIP. IN ADDITION, UPON APPROVAL BY TH	E BOARD OF MANAGERS, THE	
ENDOWMENT FUNDS CAN BE UTILIZED TO PURCHASE	LAND AND ERECT A BUILDING OR	
BUILDINGS UPON SUCH LAND.		
RECONCILIATION OF CHANGE IN NET ASSETS/RECO	NCILIATION OF REVENUE & EXPENSE	
SCHEDULE D, PART XI/XII/XIII		
M.S. HERSHEY FOUNDATION DID NOT RECEIVE A S	EPARATE AUDITED FINANCIAL	
STATEMENT FOR THE TAX YEAR-ENDED JULY 31, 2	009. THE M.S. HERSHEY	
FOUNDATION HAS CHANGED ITS FISCAL YEAR FROM	JULY 31 TO DECEMBER 31. THE	
M.S. HERSHEY FOUNDATION WILL RECEIVE AN AUD	IT FOR THE PERIOD AUGUST 1,	
2008 THROUGH DECEMBER 31, 2009. THE FEDERA	L FORM 990 IS REQUIRED TO	
PRESENT THE FINANCIAL RESULTS FOR THE 12-MO	NTHS ENDED JULY 31, 2009.	
BECAUSE THERE ARE NO STANDALONE AUDITED FIN	ANCIALS FOR THE 12-MONTHS	
ENDED JULY 31, 2009, THE M.S. HERSHEY FOUND	ATION IS NOT REQUIRED TO	
COMPLETE SCHEDULE D, PARTS XI-XIII: RECONCI	LIATION OF CHANGE IN NET	
ASSETS, REVENUE AND EXPENSES FORM 990 TO AU	DITED FINANCIAL STATEMENTS.	
HOWEVER, M.S. HERSHEY FOUNDATION IS VOLUNTAIN	RILY DISCLOSING SUCH	
INFORMATION, AS IF IT RECEIVED A STANDALONE	AUDITED FINANCIAL STATEMENT	
FOR THE TAX YEAR-ENDED JULY 31, 2009.		
	·	
PART XI RECONCILIATION OF CHANGE IN NET	ASSETS	
1 TOTAL REVENUE (PART VIII, COLUMN (A), LIN	NE 12) \$ 12,343,652	
2 TOTAL EXPENSES (PART IX, COLUMN (A), LINE	£_25)\$_10,153,320	
3 EXCESS/(DEFICIT) FOR THE YEAR (LINE 1 LES	SS_LINE_2)	
4 NET UNREALIZED GAINS (LOSSES) ON INVESTME	NTS\$_(4,215,859)	
5 DONATED SERVICES AND USE OF FACILITIES	\$	

Part XIV Supplemental Information (continued)	23-6242/34	Page 5
6 INVESTMENT EXPENSES	\$	
7 PRIOR PERIOD ADJUSTMENTS		
8 OTHER (DESCRIBE IN PART XIV)	\$(515,328)	
9 TOTAL ADJUSTMENTS (NET). ADD LINES 4-8	<u>\$ (4,731,187)</u>	
10 EXCESS/(DEFICIT) PER FINAN. STMTS.(ADD LINES 3 &	9)_\$_(2,540,855)	
PART XII RECONCILIATION OF REVENUE		
1 TOTAL REVENUE PER AUDITED FINANCIAL STATEMENTS	\$7,619,806	~~~~~
2 AMOUNTS INCLUDED ON LINE 1 NOT ON PART VIII, LINE	12:	
A NET UNREALIZED GAINS ON INVESTMENTS	\$_(4,215,859)	
B DONATED SERVICES AND USE OF FACILITIES	<u>28,352</u>	
C RECOVERIES OF PRIOR YEAR GRANTS	\$	
D OTHER (DESCRIBE IN PART XIV)	<u>\$ (515,328)</u>	
E ADD LINES 2A THROUGH 2D	\$ (4,702,835)	
3 SUBTRACT LINE 2E FROM LINE 1	<u>\$ 12,322,641</u>	
4 AMOUNTS INCLUDED ON PART VIII, LINE 12, & NOT ON L	INE 1:	
A INVESTMENT EXP. NOT INCLUDED ON PART VIII, LINE 7B	<u> </u>	
B OTHER (DESCRIBE IN PART XIV)	<u> </u>	
C ADD LINES 4A AND 4B	\$21,011	
5 TOTAL REVENUE. (ADD LINES 3 & 4C) (PART 1, LINE 12)	<u>\$ 12,343,652</u>	
	-	
PART XIII RECONCILIATION OF EXPENSES		
1 TOTAL EXPENSES & LOSSES PER FINANCIAL STATEMENTS	\$ 10,160,661	
2 AMOUNTS INCLUDED ON LINE 1 NOT ON PART IX, LINE 25:		
A DONATED SERVICES AND USE OF FACILITIES	\$ 28,352	
B PRIOR YEAR ADJUSTMENTS	<u> </u>	
C LOSSES REPORTED ON FORM 990, PART IX, LINE 25	<u>\$</u> \$	

Schedule D (Form 990) 2008

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

e organization					Employer identification	on number
S. HERSHEY FOUNDATIO	N				23-624273	34
Fundraising Activities.	Complete if the orga	nızatıon a	inswered	"Yes" to Form 9	990, Part IV, line	17
Mail solicitations Email solicitations Phone solicitations In-person solicitations I the organization have a writte key employees listed in Form	en or oral agreement v 990, Part VII) or entity	Solid Spe with any ind y in connect	citation of citation of citation of citation of citation dividual (incitation with p	non-government g government grant ilsing events including officers, c professional fundra	grants s directors, trustees aising activities?	Yes No
Yes," list the ten highest paid in the compensated at least \$5,00 (i) Name of individual	00 by the organization	Form 99	0-EZ filers	are not required t	o complete this tab	draiser is le (vi) Amount paid to
or entity (fundraiser)		custody o	or control of	from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
		Yes	No			
		1				
states in which the organization				t funds or has b	een notified it is	exempt from
	Fundraising Activities. (Incate whether the organization Mail solicitations Email solicitations Phone solicitations In-person solicitations If the organization have a writte key employees listed in Form Yes," list the ten highest paid to be compensated at least \$5,00 (i) Name of individual or entity (fundraiser)	Mail solicitations Email solicitations Phone solicitations In-person solicitations It the organization have a written or oral agreement of key employees listed in Form 990, Part VII) or entity Yes," list the ten highest paid individuals or entities (one compensated at least \$5,000 by the organization or entity (fundraiser) (i) Name of individual or entity (fundraiser) (ii) Activity	Fundraising Activities. Complete if the organization and activities are determined by the organization raised funds through any of the Mail solicitations Email solicitations Phone solicitations In-person solicitations In the organization have a written or oral agreement with any in key employees listed in Form 990, Part VII) or entity in connect the compensated at least \$5,000 by the organization Form 99 (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did function that the organization is registered or licensed.	Fundraising Activities. Complete if the organization answered licate whether the organization raised funds through any of the following Mail solicitations	Fundraising Activities. Complete if the organization answered "Yes" to Form Silicate whether the organization raised funds through any of the following activities Check is Mail solicitations Mail solicitations	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line licate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations [Email solicitations [Individual solicitations [Ind

	irt il	Fundraising Events. Complemore than \$15;000 on Form	n 990-EZ, line 6a. Lis	answered fes to r st events with gross r	eceipts greater than	\$5,000	ероп	ea
			(a) Event #1 BUSINESS BRKFST (event type)	(b) Event #2	(c) Other Events NONE	(d) Total E (a) thro		
Revenue	1 Gro	oss receipts	18,170.				18	,170
_	cor	ntributions	14,570.			ļ	14	<u>, 570</u>
	l	nus line 2)	3,600.				3	, 600
ses		sh prizes						
Direct Expenses		nt/facility costs						
Direc	7 Oth	er direct expenses	560.					560
Pa	8 Dire 9 Net	ect expense summary Add lines 4 income summary Combine lines Gaming. Complete if the org than \$15,000 on Form 990-l	anızatıon answered "`	Yes" to Form 990, Page 1		orted mor	3 e	560. ,040
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (col (a) thr	gaming ough c	(Add ol (c))
æ	1 Gro	ss revenue			-			
nses	2 Cas	sh prizes						
Direct Expenses	3 Nor	n-cash prizes	,,					
Direc		nt/facility costs						
	5 Oth	er direct expenses	Yes %	Yes %	Yes %			
	6 Volu	unteer labor	No	No	No			
	7 Dire	ect expense summary Add lines 2	through 5 in column (d)			()
	8 Net	gaming income summary. Combin	ne lines 1 and 7 in colum	nn (d)			Yes	No
	is the	the state(s) in which the organization organization licensed to operate go ' Explain				9a		
		any of the organization's gaming lie	censes revoked, susper			 10a		
b								
1 2	Is the o	he organization operate gaming a organization a grantor, beneficiary I to administer charitable gaming?	or trustee of a trust or a	s? a member of a partners	ship or other entity			

Sched	ule G (Form 990 or 990-EZ) 2008	23-6242734			Page 3
13 a b 14	Indicate the percentage of gaming activity operated in The organization's facility	o organization's gaming/special event book		Yes	No
b	Does the organization have a contract with a third party from revenue?	n whom the organization receives gamin	ng		
16	Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ►		-		
17	Director/officer Employee Indepe	endent contractor			

in the organization's own exempt activities during the tax year ▶\$

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

23-6242734

OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

THE M.S. HERSHEY FOUNDATION

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Employer Identification number

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1 b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract x Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х c Participate in, or receive payment from, an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b Х If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? ĥа X b Any related organization? 6b Х If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(С) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)(D)	reported in proor Form 990 or Form 990-EZ
	Ξ	NONE	NON	NONE	NONE	NONE	NONE	NONE
LEROY S ZIMMERMAN	Ξ	231,000.	40,000.	NONE	213,859.	15,137.	499,996.	150,083.
	Ξ	NONE	NONE	NONE	NONE	NON	NONE	NONE
GAYLA BUSH	3	155,237.	57,230.	202.	29,920.	10,063.	252, 652.	149,105.
	ε			NONE	NONE	HON	NON	NONE
KENNETH GALL	3	102,112.	32,520.	NONE	19,327.	16,215.	170,174.	NONE
	€	146,810.	NONE	NONE	4,738.	10, 977.	162,525.	NONE
MARTA HOWELL	€	NONE	NONE	NONE	NONE	NON	HON	NONE
	ε	BNON	NONE	NONE	NONE	NONE	NONE	NONE
VINCENT B RUDISILL	€	329, 239.	479,036.	1,826,966.	469, 608.	6,457.	3,111,306.	NONE
	ε	BNON	NONE	NONE	NON	NON	NONE	NONE
JAMES M SHEEHAN ESO	•	317,769.	NONE	28, 576.	32,726.	28,246.	407,317.	122,862.
	€	NONE	NONE	HON	NONE	NONE	NONE	NONE
ANTHONY J COLISTRA ED D	₿	51,000.	40,000.	NONE	NONE	14,464.	105,464.	NONE
	ε	NONE	NONE	NONE	NONE	NON	NONE	NONE
ROBERT C VOWLER	₿	438,762.	1,001,926.	101,654.	733, 572.	7,170.	2,283,084.	NON
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	COMPANY, HERSHEY ENTERTAINMENT
	THE HERSHEY
	BOARD MEMBERS SERVING ON
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FOUNDATION. MEMBERS OF THE M.S. HERSHEY FOUNDATION BOARD RECEIVE NO

COMPENSATION FOR THEIR EFFORTS OVERSEEING THE CHARITIES.

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ENTERPRISES.

MR. HERSHEY ALSO SEVERELY LIMITED THE COMPENSATION TO THE HERSHEY TRUST	COMPANY FOR MANAGING AND ADMINISTERING HIS CHARITIES. PER THE DEED OF	TRUST, THE M.S. HERSHEY FOUNDATION'S PAYMENT TO HERSHEY TRUST COMPANY FOR
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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. RELATED FOR-PROFIT COMPANY, HERSHEY TRUST COMPANY (EIN 23-0692150). NONE RELATED FOR-PROFIT COMPANY, HERSHEY TRUST COMPANY (EIN 23-0692150). NONE THE FOLLOWING INFORMATION DETAILS BOARD OF MANAGERS' AND OFFICERS', WHO COMPENSATION REPORTED CONSISTS ONLY OF DIRECTOR FEES RECEIVED FROM A COMPENSATION REPORTED CONSISTS ONLY OF DIRECTOR FEES RECEIVED FROM A OF THE COMPENSATION WAS PAID BY THE M.S. HERSHEY FOUNDATION (EIN OF THE COMPENSATION WAS PAID BY THE M.S. HERSHEY FOUNDATION (EIN ARE COMPENSATED BY RELATED ENTITIES, COMPENSATION ARRANGEMENTS: Part III Supplemental Information RAYMOND L. GOVER 23-6242734).__ JAMES M. MEAD

23-6242734).

VELMA A. REDMOND, ESQ

COMPENSATION REPORTED CONSISTS ONLY OF DIRECTOR FEES RECEIVED FROM A

RELATED FOR-PROFIT COMPANY, HERSHEY TRUST COMPANY (EIN 23-0692150). NONE

Schedule J (Form 990) 2008

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23-6242734).

ROBERT REESE

COMPENSATION REPORTED CONSISTS ONLY OF AMOUNTS RECEIVED AS A DIRECTOR OF

A RELATED FOR-PROFIT COMPANY, HERSHEY TRUST COMPANY (EIN 23-0692150).

NONE OF THE COMPENSATION WAS PAID BY THE M.S. HERSHEY FOUNDATION (EIN

23-6242734).

LEROY S. ZIMMERMAN

COMPENSATION REPORTED CONSISTS ONLY OF DIRECTOR FEES RECEIVED FROM

RELATED FOR-PROFIT COMPANIES: HERSHEY TRUST COMPANY (EIN 23-0692150), THE

HERSHEY COMPANY (EIN 23-0691590) AND HERSHEY ENTERTAINMENT & RESORTS CO

(EIN 23-0691815). NONE OF THE COMPENSATION WAS PAID BY THE M.S. HERSHEY

FOUNDATION (EIN 23-6242734).

GAYLA BUSH

INDIVIDUAL IS AN OFFICER OF THE MILTON HERSHEY SCHOOL & SCHOOL TRUST (EIN

Schedule J (Form 990) 2008

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part INDIVIDUAL'S SERVICE AS AN OFFICER OF THE FOR-PROFIT ENTITY. NONE OF THE 23-1353340) AND AN OFFICER OF A RELATED FOR-PROFIT COMPANY, HERSHEY TRUST COMPANY (EIN 23-0692150). SHE WAS ELECTED ASSISTANT SECRETARY/ASSISTANT - INDIVIDUAL IS AN OFFICER OF A RELATED FOR-PROFIT COMPANY, HERSHEY TRUST COMPOSITION OF THE INDIVIDUAL'S COMPENSATION IS BASED UPON MARKETPLACE COMPENSATION PAID BY THE RELATED FOR-PROFIT ENTITY IS ESTABLISHED UPON COMPENSATION WAS PAID BY THE M.S. HERSHEY FOUNDATION (EIN 23-6242734). RESULTS ACHIEVED. THE COMPENSATION RECEIVED INCLUDES BASE SALARY AND THE ADVICE OF THIRD PARTY COMPENSATION CONSULTANTS. THE AMOUNT AND ANNUAL INCENTIVE PAID FOR SERVICES RENDERED IN CONNECTION WITH THE COMPETITIVE CONSIDERATIONS, FINANCIAL AND BUSINESS OBJECTIVES, AND FOR-PROFIT COMPANY. THE CONTRIBUTIONS TO BENEFIT PLANS CONSIST OF HEALTH, DENTAL, VISION, LIFE AND DISABILITY INSURANCE AS WELL AS COMPANY (EIN 23-0692150). THE COMPENSATION PAID BY THE RELATED TREASURER OF THE M.S. HERSHEY FOUNDATION ON JULY 15, 2009. THE RETIREMENT AND 401(K) SAVINGS PLAN EXPENSE ASSOCIATED WITH THE for any additional information KENNETH GALL

Schedule J (Form 990) 2008

5b, 6a, 6b, 7, and 8 Also complete this part Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, or any additional information

FOR-PROFIT ENTITY IS ESTABLISHED UPON THE ADVICE OF THIRD PARTY

COMPENSATION CONSULTANTS. HE WAS ASSISTANT SECRETARY/ASSISTANT TREASURER

OF THE M.S. HERSHEY FOUNDATION UNTIL JULY 15, 2009. THE AMOUNT AND

COMPOSITION OF THE INDIVIDUAL'S COMPENSATION IS BASED UPON MARKETPLACE

COMPETITIVE CONSIDERATIONS, FINANCIAL AND BUSINESS OBJECTIVES, AND

RESULTS ACHIEVED. THE COMPENSATION RECEIVED INCLUDES BASE SALARY AND

ANNUAL INCENTIVE PAID FOR SERVICES RENDERED IN CONNECTION WITH THE

FOR-PROFIT COMPANY. THE CONTRIBUTIONS TO BENEFIT PLANS CONSIST OF

HEALTH, DENTAL, VISION, LIFE AND DISABILITY INSURANCE AS WELL AS

RETIREMENT AND 401(K) SAVINGS PLAN EXPENSE ASSOCIATED WITH THE

INDIVIDUAL'S SERVICE AS AN OFFICER OF THE FOR-PROFIT ENTITY. NONE OF THE

COMPENSATION WAS PAID BY THE M.S. HERSHEY FOUNDATION (EIN 23-6242734).

VINCENT B. RUDISILL

INDIVIDUAL IS AN OFFICER OF A RELATED FOR-PROFIT COMPANY, HERSHEY TRUST

COMPANY (EIN 23-0692150). THE COMPENSATION PAID BY THE RELATED

FOR-PROFIT ENTITY IS ESTABLISHED UPON THE ADVICE OF THIRD PARTY

COMPENSATION CONSULTANTS. THE AMOUNT AND COMPOSITION OF THE INDIVIDUAL'S

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION IS BASED UPON MARKETPLACE COMPETITIVE CONSIDERATIONS.

FINANCIAL AND BUSINESS OBJECTIVES, AND RESULTS ACHIEVED. THE COMPENSATION

RECEIVED INCLUDES BASE SALARY AND ANNUAL INCENTIVE PAID FOR SERVICES

RENDERED IN CONNECTION WITH THE FOR-PROFIT COMPANY. THE CONTRIBUTIONS TO

BENEFIT PLANS CONSIST OF HEALTH, DENTAL, VISION, LIFE AND DISABILITY

INSURANCE AS WELL AS RETIREMENT AND 401(K) SAVINGS PLAN EXPENSE

ASSOCIATED WITH THE INDIVIDUAL'S SERVICE AS AN OFFICER OF THE FOR-PROFIT

ENTITY. NONE OF THE COMPENSATION WAS PAID BY THE M.S. HERSHEY FOUNDATION

(EIN 23-6242734).

JAMES M. SHEEHAN, ESQ.

INDIVIDUAL IS AN OFFICER OF THE MILTON HERSHEY SCHOOL & SCHOOL TRUST (FIN

23-1353340) AND AN OFFICER OF A RELATED FOR-PROFIT COMPANY, HERSHEY TRUST

COMPANY (EIN 23-0692150). THE COMPENSATION PAID BY MILTON HERSHEY SCHOOL

& SCHOOL TRUST AND THE RELATED FOR-PROFIT ENTITY IS ESTABLISHED UPON THE

ADVICE OF THIRD PARTY COMPENSATION CONSULTANTS. THE AMOUNT AND

COMPOSITION OF THE INDIVIDUAL'S COMPENSATION IS BASED UPON MARKETPLACE

COMPETITIVE CONSIDERATIONS, FINANCIAL AND BUSINESS OBJECTIVES, AND

Schedule J (Form 990) 2008	Page 3
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information	6b, 7, and 8. Also complete this part
M.S. HERSHEY FOUNDATION MATTERS UNTIL APRIL 2008. INDIVIDUAL ALSO WAS A	
∞.	•
T. & RESORTS COMPANY (EIN 23-069)	
HERSHEY SCHOOL & SCHOOL TRUST (EIN 23-1353340) UNTIL APRIL 2008. THE	
COMPENSATION AND BENEFITS PAID BY THE RELATED FOR-PROFIT ENTITY, HERSHEY	
TRUST COMPANY, WERE PAID ACCORDING TO AN ADVISOR CONTRACT EXECUTED ON	
APRIL 7, 2008. PRIOR TO APRIL 2008, THE COMPENSATION PAID BY THE RELATED	
FOR-PROFIT ENTITY WAS ESTABLISHED UPON THE ADVICE OF THIRD PARTY	
COMPENSATION CONSULTANTS. HE ALSO RECEIVED DIRECTOR FEES AND NON-TAXABLE	
BENEFITS FROM HERSHEY ENTERTAINMENT & RESORTS COMPANY DURING THE	
REPORTING PERIOD. NONE OF THE COMPENSATION WAS PAID BY THE M.S. HERSHEY	
FOUNDATION (EIN 23-6242734).	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

* Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer Identification number

THE M.S. HERSHEY FOUNDATION	23-6242734
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT	
FORM 990, PART III, LINE 2	-
THE FOUNDATION HAS TWO NEW SIGNIFICANT PROGRAMS FOR THE TAX YEAR	
JULY 31, 2009:	
(1) THE HERSHEY STORY TAKES VISITORS ON AN INSPIRATIONAL JOURNEY	THROUGH
THE LIFE OF MILTON S. HERSHEY, THE MAN, HIS CHOCOLATE COMPANY, TH	E_TOWN
THAT BEARS HIS NAME, AND HIS GENEROUS LEGACY. THE HERSHEY STORY	EXPLORES
THE RAGS TO RICHES ACCOMPLISHMENTS OF AN AMERICAN ENTREPRENEUR WHO	O_USED
HIS PERSONAL WEALTH TO ENRICH THE LIVES OF OTHERS. HEAR	
NEVER-BEFORE-SHARED STORIES OF HIS INNOVATION AND DETERMINATION.	FIND
OUT HOW MR. HERSHEY REVOLUTIONIZED THE PROCESS OF MAKING MILK CHOO	COLATE.
DISCOVER HOW THE HERSHEY INDUSTRIAL SCHOOL'S ORPHAN BOYS BECAME HE	EIRS_TO
HIS FORTUNE. FROM THE INTERACTIVE MUSEUM EXPERIENCE AND ITS CREAT	rive
APPRENTICE PROGRAM TO THE CHOCOLATE LAB TO CAFÉ ZOOKA AND THE MUSE	<u> </u>
SHOP, THE SWEET RESULTS OF MR. HERSHEY'S ENTREPRENEURSHIP, INGENUE	ITY_AND
PHILANTHROPY ARE GUARANTEED TO INSPIRE ALL WHO ENTER THE HERSHEY S	STORY.
(2) THE HERSHEY THEATRE APOLLO AWARDS WERE DEVELOPED BY THE M.S. H	IERSHEY
FOUNDATION'S EDUCATION DEPARTMENT TO HONOR OUTSTANDING ACHIEVEMENT	S_BY
LOCAL HIGH SCHOOL STUDENTS IN MUSICAL AND PLAY PRODUCTIONS. THE S	SHOW IS
PRODUCED BY THE HERSHEY THEATRE EDUCATION DEPARTMENT AND IS MODELE	CD_AFTER
THE TONY AWARDS. HIGH SCHOOLS IN CUMBERLAND, DAUPHIN AND LEBANON	J
COUNTIES, AS WELL AS ELIZABETHTOWN AREA SCHOOL DISTRICT WERE INVII	
PARTICIPATE.	

Schedule O (Form 990) 2008	Page Z
Name of the organization THE M.S. HERSHEY FOUNDATION	Employer identification number 23-6242734
FORM 990 REVIEW PROCESS	
FORM 990, PART VI, SECTION A, LINE 10	
THE FORM 990 IS PREPARED UNDER THE DIRECTION OF THE DIRECTOR OF F	
OF THE M.S. HERSHEY FOUNDATION. THE FORM 990 IS REVIEWED BY ADDI	
MEMBERS OF THE M.S. HERSHEY FOUNDATION, OUTSIDE COUNSEL AND ITS	
INDEPENDENT TAX ADVISORS WHO SIGN THE RETURN AS "PAID PREPARERS."	
THE BOARD OF MANAGERS OF THE M.S. HERSHEY FOUNDATION REVIEWS AND	
DISCUSSES THE FORM 990 AT ONE OF ITS SCHEDULED MEETINGS PRIOR TO	
THE RETURN WITH THE INTERNAL REVENUE SERVICE. ADDITIONALLY, THE	
IS PROVIDED TO THE FULL BOARD OF MANAGERS, NOTING KEY DISCLOSURES.	, PRIOR
TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.	DUE TO
THE SIGNIFICANT CHANGES MADE IN THE CURRENT FORM 990, BOTH MANAGE	MENT_AND
TAX ADVISORS REVIEWED THE CHANGES WITH THE BOARD OF MANAGERS AND	THE FULL
BOARD ON SEVERAL OCCASIONS OVER THE LAST TWO YEARS.	
	-

Schedule O (Form 990) 2008	Р	age 2
Name of the organization	Employer identification number	_
THE M.S. HERSHEY FOUNDATION	23-6242734	
COMPENSATION PROCESS		
FORM 990, PART VI, SECTION B, LINES 15A AND 15B		
THE M.S. HERSHEY FOUNDATION'S BOARD OF MANAGERS (THE GOVERNING BO	OY_OF	
THE M.S. HERSHEY FOUNDATION) CONTROLS THE PROCESS IN DETERMINING	NHETHER	
THE TOTAL COMPENSATION OF THE EXECUTIVE DIRECTOR IS FAIR AND REASO	ONABLE.	
THIS PROCESS OCCURS AT THE INITIAL HIRE OF THE EXECUTIVE DIRECTOR	AND AT	- -
REGULAR INTERVALS THEREAFTER. THE REVIEW OF THE TOTAL COMPENSATION	ON OF	
THE EXECUTIVE DIRECTOR, INCLUDES BUT IS NOT LIMITED TO, A REVIEW (DF	
COMPARABLE EXECUTIVE DIRECTOR TOTAL COMPENSATION AS DISCLOSED IN 1	CHE	
FORMS 990 OF SIMILAR-SIZED EXEMPT ORGANIZATIONS. AS PART OF THIS		
PROCESS, THE COMPENSATION INFORMATION IS REVIEWED AND APPROVED BY	THE	
BOARD OF MANAGERS FOR THE EXECUTIVE DIRECTOR. THOSE BOARD OF MANA	AGERS	. . <u>-</u>
WITH A CONFLICT IN REGARD TO THE EXECUTIVE DIRECTOR'S COMPENSATION	J_REVIEW	
PROCESS ABSTAIN FROM THE DELIBERATIONS.		
THE BOARD OF MANAGERS AND OFFICERS, EXCEPT FOR THE EXECUTIVE DIRECT	TOR, DO	
NOT RECEIVE ANY COMPENSATION FROM M.S. HERSHEY FOUNDATION. THE BO	PARD_OF	
MANAGERS AND OFFICERS, EXCLUDING THE EXECUTIVE DIRECTOR, RECEIVE		
COMPENSATION FROM HERSHEY TRUST COMPANY AS DIRECTORS OF THE TRUST	COMPANY	
IN ACCORDANCE WITH SECTION 16 OF ITS BYLAWS. THE COMPENSATION IS		
PERIODICALLY REVIEWED BY THIRD PARTY COMPENSATION CONSULTANTS.		
THE COMPENSATION OF THE M.S. HERSHEY FOUNDATION'S BOARD OF MANAGER	S_AND	
OFFICERS, WHO ARE DIRECTORS OR EMPLOYEES OF THE HERSHEY TRUST COMP	ANY	
(TRUSTEE OF M.S. HERSHEY FOUNDATION), IS DETERMINED BY PERIODIC RE		
(GENERALLY PERFORMED AT LEAST EVERY 3 YEARS) BY THIRD PARTY COMPEN		
CONSULTANTS TO DETERMINE THAT IT IS FAIR AND REASONABLE AS PART OF		

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
THE M.S. HERSHEY FOUNDATION	23-6242734
PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS	
FORM 990, PART VI, SECTION C, LINE 19	
THE FOUNDATION MAKES THE DEED OF TRUST AVAILABLE TO THE PUBLIC ON	J_ITS
WEBSITE. THE FOUNDATION'S CONFLICT OF INTEREST POLICY AND ITS AUG	DITED
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
·	

Name of the organization THE M.S. HERSHEY FOUNDATION 23-6242734 CONFLICT OF INTEREST. FORM 999. PART VI, SECTION B, LINE 12C THE BOARD OF MANAGERS, OFFICERS AND KEY EMPLOYEES OF THE M.S. HERSHEY FOUNDATION HAVE A FIDUCIARY RELATIONSHIP WITH THE M.S. HERSHEY FOUNDATION WHICH REQUIRES THAT THEY ACT IN GOOD FAITH WITH REGARD TO THE M.S. HERSHEY FOUNDATION'S BEST INTERESTS. IT IS ESSENTIAL IN FULFILLING THEIR DUTIES THAT THEY AFPLY THE HIGHEST MORAL, LEGAL, AND ETHICAL STANDARDS IN THEIR CONDUCT AND BUSINESS RELATIONSHIPS. THE HERSHEX TRUST COMPANY. TRUSTEE FOR THE M.S. HERSHEY FOUNDATION, HAS WRITTEN CONFLICT OF INTEREST POLICES WHICH ARE INTENDED TO PERMIT THE M.S. HERSHEY FOUNDATION AND ITS MANAGERS, OFFICERS AND OTHER KEY EMPLOYEES TO IDENTIFY, EVALUATE AND ADDRESS ANY CONFLICT OF INTEREST THAT MIGHT CALL INTO QUESTION THIS FIDUCIARY DUTY TO THE M.S. HERSHEY FOUNDATION. THE CONFLICT OF INTEREST POLICY COVERING THE MANAGERS IS DOCUMENTED IN THE CONFLICT OF INTEREST SECTION OF THEIR GOVERNANCE QUIDELINES. THE CONFLICT OF INTEREST POLICY COVERING OFFICERS AND OTHER KEY EMPLOYEES OF HERSHEY TRUST COMPANY, TRUSTEE FOR THE M.S. HERSHEY FOUNDATION IS DOCUMENTED IN POLICY 1.3 ETHICAL STANDARDS AND POLICY 1.5 CONFLICT OF INTEREST OF ITS EMPLOYEE POLICY MANUAL AND POLICY 1.02 CODE OF CONDUCT OF	Schedule O (Form 990) 2008	Page 2
CONFLICT OF INTEREST FORM 990, PART VI, SECTION B, LINE 12C THE BOARD OF MANAGERS, OFFICERS AND KEY EMPLOYEES OF THE M.S. HERSHEY FOUNDATION HAVE A FIDUCIARY RELATIONSHIP WITH THE M.S. HERSHEY FOUNDATION WHICH REQUIRES THAT THEY ACT IN GOOD FAITH WITH REGARD TO THE M.S. HERSHEY FOUNDATION'S BEST INTERESTS. IT IS ESSENTIAL IN FULFILLING THEIR DUTIES THAT THEY APPLY THE HIGHEST MORAL, LEGAL, AND ETHICAL STANDARDS IN THEIR CONDUCT AND BUSINESS RELATIONSHIPS. THE HERSHEY TRUST COMPANY. TRUSTEF FOR THE M.S. HERSHEY FOUNDATION, HAS WRITTEN CONFLICT OF INTEREST POLICES WHICH ARE INTENDED TO PERMIT THE M.S. HERSHEY FOUNDATION AND ITS MANAGERS, OFFICERS AND OTHER KEY EMPLOYEES TO IDENTIFY, EVALUATE AND ADDRESS ANY CONFLICT OF INTEREST THAT MIGHT CALL INTO QUESTION THIS FIDUCIARY DUTY TO THE M.S. HERSHEY FOUNDATION. THE CONFLICT OF INTEREST POLICY COVERING THE MANAGERS IS DOCUMENTED IN THE CONFLICT OF INTEREST SECTION OF THEIR GOVERNANCE GUIDELINES. THE CONFLICT OF INTEREST POLICY COVERING OFFICERS AND OTHER KEY EMPLOYEES OF HERSHEY TRUST COMPANY, TRUSTER FOR THE M.S. HERSHEY FOUNDATION IS DOCUMENTED IN POLICY 1.3 ETHICAL STANDARDS AND POLICY 1.5 CONFLICT OF		
FORM 990, PART VI, SECTION B, LINE 12C THE BOARD OF MANAGERS, OFFICERS AND KEY EMPLOYEES OF THE M.S. HERSHEY FOUNDATION HAVE A FIDUCIARY RELATIONSHIP WITH THE M.S. HERSHEY FOUNDATION WHICH REQUIRES THAT THEY ACT IN GOOD FAITH WITH REGARD TO THE M.S. HERSHEY FOUNDATION'S BEST INTERESTS. IT IS ESSENTIAL IN FULFILLING THEIR DUTIES THAT THEY APPLY THE HIGHEST MORAL, LEGAL, AND ETHICAL STANDARDS IN THEIR CONDUCT AND BUSINESS RELATIONSHIPS. THE HERSHEY TRUST COMPANY, TRUSTEE FOR THE M.S. HERSHEY FOUNDATION, HAS WRITTEN CONFLICT OF INTEREST POLICES WHICH ARE INTENDED TO PERMIT THE M.S. HERSHEY FOUNDATION AND ITS MANAGERS, OFFICERS AND OTHER KEY EMPLOYEES TO IDENTIFY, EVALUATE AND ADDRESS ANY CONFLICT OF INTEREST THAT MIGHT CALL INTO QUESTION THIS FIDUCIARY DUTY TO THE M.S. HERSHEY FOUNDATION. THE CONFLICT OF INTEREST POLICY COVERING THE MANAGERS IS DOCUMENTED IN THE CONFLICT OF INTEREST POLICY COVERING THE MANAGERS IS DOCUMENTED IN THE CONFLICT OF INTEREST POLICY COVERING OFFICERS AND OTHER KEY EMPLOYEES OF HERSHEY TRUST COMPANY, TRUSTER FOR THE M.S. HERSHEY FOUNDATION IS DOCUMENTED IN POLICY 1.3 ETHICAL STANDARDS AND POLICY 1.5 CONFLICT OF	THE M.S. HERSHEY FOUNDATION	23-6242734
THE BOARD OF MANAGERS, OFFICERS AND KEY EMPLOYEES OF THE M.S. HERSHEY FOUNDATION HAVE A FIDUCIARY RELATIONSHIP WITH THE M.S. HERSHEY FOUNDATION WHICH REQUIRES THAT THEY ACT IN GOOD FAITH WITH REGARD TO THE M.S. HERSHEY FOUNDATION'S BEST INTERESTS. IT IS ESSENTIAL IN FULFILLING THEIR DUTIES THAT THEY APPLY THE HIGHEST MORAL, LEGAL, AND ETHICAL STANDARDS IN THEIR CONDUCT AND BUSINESS RELATIONSHIPS. THE HERSHEY TRUST COMPANY, TRUSTEE FOR THE M.S. HERSHEY FOUNDATION, HAS WRITTEN CONFLICT OF INTEREST POLICES WHICH ARE INTENDED TO PERMIT THE M.S. HERSHEY FOUNDATION AND ITS. MANAGERS, OFFICERS AND OTHER KEY EMPLOYEES TO IDENTIFY, EVALUATE AND ADDRESS ANY CONFLICT OF INTEREST THAT MIGHT CALL INTO QUESTION THIS FIDUCIARY DUTY TO THE M.S. HERSHEY FOUNDATION. THE CONFLICT OF INTEREST POLICY COVERING THE MANAGERS IS DOCUMENTED IN THE CONFLICT OF INTEREST SECTION OF THEIR GOVERNANCE GUIDELINES. THE CONFLICT OF INTEREST POLICY COVERING OFFICERS AND OTHER KEY EMPLOYEES OF HERSHEY TRUST COMPANY, TRUSTEE FOR THE M.S. HERSHEY FOUNDATION IS DOCUMENTED IN POLICY 1.3 ETHICAL STANDARDS AND POLICY 1.5 CONFLICT OF	CONFLICT OF INTEREST	
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DOCUMENTED IN POLICY 1.3 ETHICAL STANDARDS AND POLICY 1.5 CONFLICT OF	HERSHEY TRUST COMPANY, TRUSTEE FOR THE M.S. HERSHEY FOUNDATION IS	
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	INTEREST OF ITS EMPLOYEE POLICY MANUAL AND POLICY 1.02 CODE OF CON	NDUCT OF
ITS POLICY MANUAL.	ITS POLICY MANUAL.	
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EACH MANAGER, OFFICER AND KEY EMPLOYEE IS REQUIRED TO AVOID ALL ACTIVITY		
THAT COULD CREATE A CONFLICT OF INTEREST OR EVEN GIVE AN APPEARANCE OF A		
CONFLICT OF INTEREST. ANY CONFLICTS OF INTEREST ARE TO BE REPORTED AS		
SOON AS PRACTICAL AFTER THEY BECOME AWARE OF SUCH A CONFLICT.		
ANNUALLY EACH MANAGER (IN EFFECT FOR THE TAX YEAR ENDING 7/31/2009),		

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer Identification number 23-6242734
THE M.S. HERSHEY FOUNDATION	23-0242734
OFFICER AND KEY EMPLOYEE (IN EFFECT FOR THE TAX YEAR BEGINNING 8/	1/2009)
IS REQUIRED TO COMPLETE AN ANNUAL STATEMENT OF DISCLOSURE. THE F	ORMS
IDENTIFY VENDORS, INVESTMENTS, OTHER BOARD MEMBERSHIPS, AND FAMIL	<u>Y</u>
MEMBERS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. THE STATE	MENTS
ARE REVIEWED BY THE FOUNDATION'S EXECUTIVE DIRECTOR AND THE DIRECTOR	TOR OF
FINANCE IN ORDER FOR THEM TO BE AWARE OF ACTIVITIES THAT COULD GI	VE_RISE
TO CONFLICTS OF INTEREST.	
POTENTIAL CONFLICTS OF INTEREST RELATED TO MANAGERS, OFFICERS AND	KEY
EMPLOYEES ARE BROUGHT TO THE ATTENTION OF THE PRESIDENT OF THE BO	ARD_OF
MANAGERS OF THE M.S. HERSHEY FOUNDATION. THE PRESIDENT (OR HIS D	ESIGNEE)
DETERMINES THE CORRECTIVE MEASURE, IF ANY, TO BE TAKEN TO RESOLVE	THE
CONFLICT, OR WILL IMPOSE APPROPRIATE RESTRICTIONS, IF ANY ON THE	PERSON
WITH THE CONFLICT. FOR CONFLICTS OF INTEREST INVOLVING THE PRESI	DENT,
THE MATTER WOULD BE DISCUSSED WITH THE CHAIR OF THE AUDIT COMMITT	EE AND
THE CHAIR OF THE BOARD OF THE HERSHEY TRUST COMPANY. THE TWO CHAI	R
PERSONS, IN CONSULTATION WITH THE OTHER BOARD MEMBERS, EXCLUDING	SUCH
CONFLICTED PERSON, HAVE THE FINAL APPROVAL OF ANY RECOMMENDED COR	RECTIVE
MEASURES OR IMPOSED RESTRICTIONS.	
·	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
THE M.S. HERSHEY FOUNDATION	23-6242734
SUMMARY	
FORM 990, PART I, LINE 6 - VOLUNTEER INFORMATION	
VOLUNTEERS ARE A VITAL PART OF THE M.S. HERSHEY FOUNDATION. MANY	OF OUR
VOLUNTEERS HAVE INTRODUCED A CHILD TO HISTORY, NATURE OR LIVE THE	ATRE.
OTHERS HAVE HELPED BEAUTIFY HERSHEY GARDENS, USHERED A SHOW AT TH	E
HERSHEY THEATRE OR PROUDLY ANSWERED QUESTIONS ABOUT OUR COMMUNITY	'S RICH
HISTORY AT THE MUSEUM: THE HERSHEY STORY.	
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Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
THE M.S. HERSHEY FOUNDATION	23-6242734
EXECUTIVE COMPENSATION	
PART_VII	
DUE TO THE CHANGE IN REPORTING COMPENSATION FROM THE FISCAL YEAR	TO THE
CALENDAR YEAR, THIS FORM 990 INCLUDES COMPENSATION FROM THE PERIO	D
JANUARY 1, 2008 - JULY 31, 2008 THAT WAS ALSO REPORTED ON THE FOR	м 990
FOR THE TAX YEAR ENDED JULY 31, 2008.	
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82745U 827G

SCHEDULE R (Form 990)

Part 1

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Open to Public

(F)
Direct controlling
entity Employer identification number 23-6242734 (E) End-of-year assets (D) Total income (C) Legal domicile (state or foreign country) ► See separate instructions. (B) Primary activity (A)
Name, address, and EIN of disregarded entity Identification of Disregarded Entities THE M.S. HERSHEY FOUNDATION Name of the organization Department of the Treasury internal Revenue Service

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state	(D) Exempt Code section	(C) Legal domicile (state Exempt Code section Public charity status Direct controlling	(F) Direct controlling
THE MILION HERSHEY SCHOOL & SCHOOL TRUST 23-1353340				ווי אברוחון את וויוויווי	énus
_	SCHOOL	PA	501(C)(3)	2	4/N
DEARDEN HOUSE ADVISORY BOARD			(2) (2) = 22	1	
Y, PA	SVCS TO ALUM PA	PA	501(C)(3)	7	K/N

N/A

501 (C) (13)

CMTRY FUNDS

20-6629638

PA 17033

HERSHEY,

HERSHEY CEMETERY TRUST

PO BOX 445

	20110	17.7		
HERSHEY CEMETERY COMPANY				
	CEMETERY	PA	501 (C) (13)	4/N
			102(10(20)	M/B

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

23-6242734

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportoms altometra?	Code V-UBI Ger amount in box 20 of mar Schedule K-1 par (Form 1065)	(J) General or managing partner
							Yes No		Yes
									•

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entry (C corp S corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
HERSHEY TRUST COMPANY							
	STATE TRUST CO.	PA	N/A	C CORP	_		-
HERSHEY ENTERTAINMENT RESORTS CO							
27 WEST CHOCOLATE AVENUE HERSHEY, PA 17033	ENTERTAINMENT	PA	N/A	C CORP			
THE HERSHEY COMPANY							
100 CRYSTAL A DRIVE HERSHEY, PA 17033	CONFECTIONARY	PA	N/A	C CORP			_
	·						
					_		

23-6242734

Part V Transactions With Related Organizations

		V
Note. Complete line 1 if any entity is listed in Parts II, III, or IV		I
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	n Parts II–IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		-k
b Giff grant or capital contribution to other organization(s)		1b X
Giff grapt or capital contribution from other organization		ر ×
d Loans or loan guarantees to or for other organization(s)		
e Loans or loan quarantees by other organization(s)		1e ×
f Sala of accate to other ormanization(e)		1 ×
g Purchase of assets from other organization(s)		
h Exchange of assets		٦ ×
		1: ×
		<u> </u>
J. Lease of facilities, equipment, of other assets from other organization(s)		+
k Performance of services or membership or fundraising solicitations for other organization(s)		٦ ×
Performance of services or membership or fundraising solicitations by other organization(s)		- ×
		, ×
m Sharing of facilities, equipment, mailing lists, of other assets		T
n Sharing of paid employees		X X
o Reimbursement baid to other organization for expenses		10 ×
		>
p Keimbursement paid by other organization for expenses		
a Other transfer of cash or property to other organization(s)		19 X
		1r
2 If the answer to any of the above is "Yes " see the instructions for information on who miles complete this line including covered relationships and transaction thresholds	relationships and transaction thre	
	(9)	
(A) Name of other organization(s)	raon -L)	Amount involved
(2)		
(3)		
	_	
(4)		
(c)		
	Schedule	Schedule R (Form 990) 2008

Page 4

Unrelated Organizations Taxable as a Partnership Part VI

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) Name address and FIN of entro	(B)	1	(D) Are all partners	(E)	(F)	1	(H)
	ביווימין מכחמון	(state or foreign country)	section 501(c)(3) organizations?		alocations?	amount in box 20 of Schedule K-1	managing
			Yes		Yes No	(Form 1065)	Yes No
							 .
							-
						Schodule D /Earn	1000

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICE	S COMPENSATION
THE WHITING TURNER CONTRACTING COMPANY 300 EAST JOPPA ROAD BALTIMORE, MD 21286	CONSTRCTN/ENGINEER	5,809,689.
EXPLUS INC 44156 MERCURE CIRCLE DULLES, VA 20166	MUSEUM EXHIBIT SVCS	1,546,662.
BOSTON PRODUCTIONS INC 100 MORSE STREET NORWOOD, MA 02062	MEDIA DESIGN	760,581.
STORAGETEK INC 8130 ADAMS DRIVE HUMMELSTOWN, PA 17036	CONSTRUCTION SVCS	155,883.
HERSHEY ENTERTAINMENT RESORTS INC 75 EAST DERRY ROAD HERSHEY, PA 17033	TECHNOLOGY/CONSTRUCT	154,001.
TOTAL COMPENSAT	ION	8,426,816.

AMOUNT

FORM	990,	PART	VIII	-	EXCLUDED	CONTRIBUTIONS

DESCRIPTION

ANNUAL BUSINESS BREAKFAST 14,570.

TOTAL 14,570.

က

STATEMENT

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
ANNUAL BUSINESS BREAKFAST		5	3,040.
TOTALS	1	.095	

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
COMMON & PREFERRED STOCKS	18,749,513.	FMV
CORPORATE BONDS	1,697,793.	FMV
TREASURY BONDS AND NOTES	1,906,405.	FMV
AGENCY BONDS	183,586.	FMV
CAPITAL GUARDIAN NON-US EQ FD	620,537.	FMV
TOTALS	23,157,834.	