efil	le GR	APHIC	print - DO NOT PROCESS	As Filed Data -				DLN:	93493	3166002117
				ganization Exempt F	rom	Income	Тах		OMBN	lo 1545-0047
Form	99	U		4947(a)(1) of the Internal Reve					2	015
2			foundations)				-			UT2
Depar Treasu	tment of urv	f the		I security numbers on this form a Form 990 and its instructions is						n to Public
		nue Servic	e						Τn	spection
A F	or the	2015 cal	endar year, or tax year beginnir	ng 08-01-2015 , and ending 07-	31-2010	6	-			
		pplicable	C Name of organization MILTON HERSHEY SCHOOL AND SCH	IOOL TRUST			D Empl	loyer ie	dentificat	tion number
	ddress cl ame cha	-	% GAYLA MOLINELLI HERSHEY TRU				23-1	3533	340	
·	nitial retu	-	Doing business as							
	ınal /termina	atad	Number and street (or P O box if m	nail is not delivered to street address) R	.oom/suit	e	– E Telep	hone nu	umber	
	nended		PO BOX 445	,	,		(717)520	-1100	
Ар	plication	n pending	City or town, state or province, cour HERSHEY, PA 17033	ntry, and ZIP or foreign postal code						
							G Gross	s receipt	ts \$ 1,077	,082,726
			F Name and address of princip PETER GURT	bal officer		H(a) Ist	-	-	irn for	
			PO BOX 445			N c				Yes ✔
т Та	ix-exem	ipt status	HERSHEY, PA 17033	Insert no) 4947(a)(1) or 5		H(b) Are	all subore uded?	dınate	S	└Yes └ No
-		<u> </u>		Insert no) 4947(a)(1) or 5	027			h a lis	st (seeı	nstructions)
	ebsite	e:► ww	W MHS-PA ORG			H(c) Gro	oup exemp	otion r	number 🖡	•
K For	m of org	ganization	Corporation Trust Associa	ation 🔽 Other 🕨 SEE SCH O		L Year of	formation 1	1909	M State o	of legal domicile PA
Da	rt I	Sum	mary							
			cribe the organization's missior	or most significant activities						
				RINE HERSHEY'S DEED OF TR FINANCIAL NEED SEE SCHEI			RSHEY SO	сноо	LNURT	URES AND
сe		JUCATE	S CHILDREN IN SOCIAL AND	FINANCIAL NEED SEE SCHEL	JULE U					
uer										
Governance	2	beck th	is hox b if the organization di	scontinued its operations or disp	nosed o	f more than	25% of 1	te nat	accete	
3	- 0	THECK UN		scontinued its operations of disp	poseu o	inore chan	2370 011	ts net	455015	
ঠ	3 N	lumber o	f voting members of the govern	ng body (Part VI, line 1a)				3		9
ffie				of the governing body (Part VI, li	,			4		0
Activities &				calendar year 2015 (Part V, line		· · ·	• •	5		2,150
٩				ecessary)		• • •	• •	6		143
			ted business taxable income fro	art VIII, column (C), line 12 .	•••		•••	7a 7b		-3,980,739 -4,333,500
						Pr	ior Year		Cu	Irrent Year
	8	Contrib	butions and grants (Part VIII, li	ne 1 h)				,453		53,573
đΝ	9	Progra	m service revenue (Part VIII, l	ne 2g)			522	,230		634,199
enneven	10	Invest	ment income (Part VIII, columi	n (A), lines 3, 4, and 7d)	• •		490,525	,232,		329,884,731
æ	11			lines 5, 6d, 8c, 9c, 10c, and 11			2,800	,043		3,080,204
	12	Totalr 12)	evenue—add lines 8 through 11	(must equal Part VIII, column (A), line		493,903	,958		333,652,707
	13	,	and similar amounts paid (Part	IX, column (A), lines 1–3).			5,790	,696		8,559,057
	14	Benefit	ts paid to or for members (Part 1	X, column (A), line 4)				0		0
s	15			ee benefits (Part IX, column (A),	lines		114,256	,167		123,274,728
nse	16a	5-10) Profes		, column (A), line 11e)				0		0
Expenses	b		ndraising expenses (Part IX, column (D		• •					0
Ш	17			lines 11a-11d, 11f-24e)			117,565	,825		126,394,221
	18			st equal Part IX, column (A), line			237,612			258,228,006
	19	Reven	ue less expenses Subtract line	18 from line 12			256,291	,270		75,424,701
s or NCeS						Beginning	of Current	t Year	E	nd of Year
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)			12	,477,913	,147	1	4,001,120,037
Pd I	21	Total I	abilities (Part X, line 26)				216,541	,697		249,660,055
	22		sets or fund balances Subtract	line 21 from line 20		12	,261,371	,450	1	3,751,459,982
	rt II		ature Block perjury, I declare that I have exa	amined this return, includi						
my k	nowled	lge and b	pelief, it is true, correct, and con							
prepa	arer ha	is any kn	lowledge							
Sigr		Signa	ture of officer							
Her	е		A MOLINELLI VP, CFO							
			or print name and title rint/Type preparer's name	Proparor's signature						
Dai	Ч		rint/Type preparer's name RIC M MCNEIL	Preparer's signature ERIC M MCNEIL						
Paie			rm's name 🕨 PricewaterhouseCoope	ers LLP						
	pare e Onl	1	rm's address Þ 2001 MARKET ST SUIT	E 1800						
056		' y	PHILADELPHIA, PA 19:	.03						

May the IRS discuss this return with the preparer shown above? (see instruct For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015)					Page 2
Par	t IIII Statement o	of Program Serv	vice Accomp	lishments		
	Check If Sched	ule O contains a res	sponse or note t	o any line in this Part I	п	
1	Briefly describe the o	rganızatıon's missio	on line line line line line line line lin			· · · · ·
SEE	SCHEDULE O FOR FUR	RTHER DETAILS				
2	-	• -			which were not listed on	Yes √No
-	If "Yes," describe thes					
3	-	-	-	nt changes in how it coi		
						∏Yes √No
_	If "Yes," describe the	se changes on Sche	edule O			
4		1(c)(3) and 501(c)	(4) organization	s are required to report	ree largest program services, as the amount of grants and alloc	
4a	(Code) (Expenses \$	204,013,685	including grants of \$	8,559,057) (Revenue \$	669,199)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
					N /5	````
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program servic	es (Describe in Sc	hedule O)			
	(Expenses \$	ın	cluding grants o	f \$) (Revenue \$)
4e	Total program service	e expenses 🕨	204,013,685			
						Earm 000 (2015)

Form	990 (2015)			Page 3
Par	t 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 \mathfrak{B}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
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 \mathfrak{B}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🛸	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 😒	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😒 .	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😒	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😒	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕲	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🛛 🛸	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 😒	28 c	Yes	
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Pait I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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 VI 🛸	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2015)			Page 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 231			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
L	by this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	105	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 \therefore	14b		

Form	990 (2015)			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а		8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, 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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO , Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)]		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		
6.	ction C. Disclosure	16b		
<u> </u>				
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable), 000, and 000, T (F01(c))			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request Other (explain in Schedule O)
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►GAYLA MOLINELLI HERSHEY TRU PO BOX 445 HERSHEY, PA 17033 (717) 520-1100

Form 990 (2015) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
tax year	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

s**urrent** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• 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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and a	tion i han o n is	one l both ector	oox, an c /tru	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Officer Institutional Trustee individual trustee or director		Former	2/1099-MISC)	(w-2/1099- MISC)	organızatıon and related organızatıons			
See Additional Data Table										
				L						

_	990 (2015)	-											Page 8
Pari	VIII Section A. Officers,	Directors, Trus	stees,	Key	Emp	oloy	ees, a	ind I	Highest Compens	ated Employees	(con	tinued)	
	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima mount o compens from t	ited f other ation
		for related organizations below dotted line)				2/1099-MISC		rganızatı relatı organıza	ed				
See A	dditional Data Table						+-						
									<u> </u>				
1b с	Sub-Total	 ts to Part VII, S	· · · · ection /	۰. ۱	•		. •						
d	Total (add lines 1b and 1c) .						•		3,029,580	5,078,912		1,	598,281
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) w	ho received more tl	nan			
												Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete s</i>								-	sated employee	3	Yes	
4	For any individual listed on lin organization and related organ individual	nizations greater		150,0	000	? İf		сотр			4	Yes	
5	Did any person listed on line 1								elated organizatior	or individual for	4	res	
	services rendered to the organ	nızatıon? <i>If "Yes,</i>	" comple	ete Sc	:hedu	ıle J	for suc	ch pe	rson		5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO INC AFFILIATES, PO BOX 360170 PITTSBURGH, PA 152516170	FOOD SERVICE/ MGT	6,002,333
CHERRYROAD TECHNOLOLOGIES INC, 301 GIBRALTAR DRIVE SUITE 2C MORRIS PLAINS, NJ 07950	TECH CONSULTANT	1,559,318
WINALL INC DBA MID-STATE, O BOX 1864 HARRISBURG, PA 17105	CONSTRUCTION	1,540,432
HERSHEY TRUST COMPANY, PO BOX 445 HERSHEY, PA 17033	SHARED SERVICES	1,504,887
Silchester, 780 Third Avenue NEW YORK, NY 10017	INVESTMENT MGMT	1,693,031
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization ▶ 166	who received more than	

Form 990	(2015)	

Part VIII Statement of Revenue

Check If Schedule O contains a response or note to any line in this Part VIII

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1 a	Federated cam	paıgns 1a					
ant	b	Membership du	es 1b					
, Gr	с	Fundraising eve	ents 1c					
ifts. ar /	d	Related organiz	zations 1d					
s, G mil	е	Government grant	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	53,573				
ntrib d Oth	g	1a-1f \$	ons included in lines	8,710	50 570			
Co	h	Total. Add lines	s 1a-1f	••••	53,573			
Яle	2a	AG MILK AND CRO		Business Code	416.007	416.007		
Jeve	za b			900099 900099	416,997 8,262	416,997 8,262		
Program Service Revenue	c	CONCESSION STAN		900099	53,386	53,386		
тис	d	UTILITIES REBATES		900099	108,784	108,784		
u &	е	FOOD REBATES		900099	9,523	9,523		
gran	f	All other progra	am service revenue		37,247	37,247		
Pro	g	Total. Add lines	s 2a-2f	►	634,199			
	3		ome (including dividen				2 824 000	200 422 022
	4	and other simila	ar amounts)		285,598,114		-3,824,909	289,423,023
	4 5				0			
	-	,	(I) Real	(II) Personal				
	6 a	Gross rents	5,514,536					
	b	Less rental expenses	2,469,332					
	с	Rental income or (loss)	3,045,204	0				
	d	Net rental inco	me or (loss)	· · · · •	3,045,204		-155,830	3,201,034
	7a	Gross amount	(I) Securities	(II) Other				
	7a	from sales of assets other than inventory	784,994,265	253,039				
	b	Less cost or other basıs and sales expenses	740,919,099	41,588				
	с	Gaın or (loss)	44,075,166	211,451				
	d		ss)	· · · · •	44,286,617			44,286,617
Other Revenue	8a	Gross income f events (not inc \$	5					
ır Rev		See Part IV, Ir						
th∈	b		penses b					
U I	C On		(loss) from fundraising	events 🕨	0			
	98		rom gaming activities ne 19 a					
	b	Less directex	penses b					
	с	Net income or ((loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo		P				
	b	Less costofa	oodssold b					
			(loss) from sales of inve	entory 🕨	0			
		Miscellaneou	s Revenue	Business Code				
	11 a	INSURANCE PROCEEDS/RE	COVERIES	900099	35,000	35,000		
	b							
	с							
	d	All other reven	I					
	e		s 11a-11d		35,000			
	12	Total revenue.	See Instructions .	••••	333,652,707	669,199	-3,980,739	336,910,674

Form **990** (2015)

Part IX Statement of Functional Expenses

(B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 0 2 Grants and other assistance to domestic individuals See Part IV, line 22 . 8,559,057 8,559,057 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 0 and 16 Benefits paid to or for members 4 0 5 Compensation of current officers, directors, trustees, and key employees . . . 2,581,069 1,168,046 1,413,023 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages . 75,881,483 71,586,599 4,294,884 . . 8 Pension plan accruals and contributions (include section 401(k) 16,969,611 15.612.042 and 403(b) employer contributions) . . . 1.357.569 9 Other employee benefits . . . 21.232.891 19,534,383 1,698,508 10 Payroll taxes 6,609,674 6,080,900 528,774 11 Fees for services (non-employees) Management 0 а 2,481,385 1,568,753 912,632 b Legal Accounting 147.350 58.880 88,470 С Lobbying 0 d . 0 Professional fundraising services See Part IV, line 17 е 26,482,893 f Investment management fees 26,482,893 Other (If line 11g amount exceeds 10% of line 25, column (A) a amount, list line 11g expenses on Schedule O) 5,169,155 5,169,155 12 Advertising and promotion . . . 2,589,407 1,291,590 1,297,817 Office expenses 13 1,678,786 189,832 1.868.618 14 Information technology . . 1,528,924 1,371,647 157,277 0 • . 15 Royalties . . 0 5,714,622 5,263,148 451,474 16 Occupancy 17 Travel.... 2,009,120 1,901,884 107,236 18 Payments of travel or entertainment expenses for any federal, 0 state, or local public officials 19 Conferences, conventions, and meetings . . 266,766 226,694 40,072 Interest 0 20 0 21 Payments to affiliates 40,473,277 22 Depreciation, depletion, and amortization . 36,439,341 4,033,936 23 2,714,327 1,191,407 1,522,920 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) TRUST EXPENSES 5,452,089 5,452,089 а FOOD, CLOTHING & HOUSEHOLD b 7,211,290 7.034.669 176,621 EQUIP RENTAL & MAINTENANCE 4,776,696 4,426,886 349,810 С CONTRACTED SERVICES/CONSULTING 10,670,508 8,902,533 1,767,975 d е All other expenses 6,837,794 4,947,285 1,890,509 Total functional expenses. Add lines 1 through 24e 25 258,228,006 204,013,685 54,214,321 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ [If following SOP 98-2 (ASC 958-720)

Page **11**

	τx	Check if Schedule O contains a response or note to any line in this Part X .	<u></u>	<u> </u>	<u>· · ·</u> · Γ
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	48,256	1	81,571
	2	Savings and temporary cash investments	77,120,149	2	68,749,539
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	28,120,398	4	25,815,996
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	6	Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
\$\$			0	6	0
4	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	1,571,152	8	1,592,951
	9	Prepaid expenses and deferred charges	1,774,220	9	1,205,622
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 1,213,858,24	3		
	b	Less accumulated depreciation 10b 567,932,99	3 648,849,671	10 c	645,925,250
	11	Investments—publicly traded securities	1,467,694,377	11	1,510,698,766
	12	Investments—other securities See Part IV , line 11	10,252,734,924	12	11,747,050,342
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	. 12,477,913,147	16	14,001,120,037
	17	Accounts payable and accrued expenses	216,541,697	17	249,660,055
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	0
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
lidi		persons Complete Part II of Schedule L	0	22	0
Ľi.	23	Secured mortgages and notes payable to unrelated third parties $\ .$.	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	O ther liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			0	25	0
	26	Total liabilities. Add lines 17 through 25	216,541,697	26	249,660,055
es		Organizations that follow SFAS 117 (ASC 958), check here F v and complete lines 27 through 29, and lines 33 and 34.			
inc	27	Unrestricted net assets	1,189,112,290	27	1,195,174,875
29	28	Temporarily restricted net assets	0	28	0
Б	29	Permanently restricted net assets	11,072,259,160	29	12,556,285,107
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
0	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	12,261,371,450	33	13,751,459,982
	34	Total liabilities and net assets/fund balances	12,477,913,147	34	14,001,120,037
			1	· · · · · ·	Form 990 (2015)

Par	t XI Reconcilliation of Net Assets				
	Check If Schedule O contains a response or note to any line in this Part XI				🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		222	
-	Total expenses (must equal Part IX, column (A), line 25)	1		333,6	52,707
2		2		258,2	228,006
3	Revenue less expenses Subtract line 2 from line 1				
		3		75,4	124,701
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4	1	2.261.3	371,450
5	Net unrealized gains (losses) on investments				
		5		1,439,6	576,845
6	Donated services and use of facilities	6			
-	Investment expenses	•			
7		7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-25 ()13,014
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	-		2070	10,011
	column (B))	10	1	3,751,4	159,982
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	. <u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	IN			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID: Software Version: EIN: 23-1353340 Name: MILTON HERSHEY SCHOOL AND SCHOOL TRUST

Form 990, Part III, Line 4a

 4a
 (Code
) (Expenses \$ 204,013,685
 including grants of \$ 8,559,057
 8,559,057
 (Revenue \$ 669,199
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Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	tion (d han o in is b	one b both	oox,ι an o	unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organızatıon and related organızatıons
ROBERT F CAVANAUGH BOARD OF MANAGERS	13 0 	x						0	272,500	135,000
JAMES M MEAD BOARD OF MANAGERS	6 5 5 0	x						0	237,500	135,000
JAMES E NEVELS BOARD OF MANAGERS	5 5 	×						0	383,671	135,000
VELMA A REDMOND ESQ BOARD OF MANAGERS	10 0 1 0	×						0	158,250	0
JOSEPH M SENSER BOARD OF MANAGERS	6 0 4 0	×						0	246,500	0
ROBERT CONNOR HEIST BOARD OF MANAGERS	17 5 0 0	×						0	140,500	0
LT GEN RICHARD C ZILMER BOARD OF MANAGERS to 9/30/15	7 0 1 0	×						0	108,098	0
JOAN E STEEL BOARD OF MANAGERS TO 7/9/16	7 0 0 0	x						0	147,000	0
JOHN A FRY BOARD OF MANAGERS to 1/27/16	4 5 0 0	x						0	128,750	0
DAVID SALTZMAN Board of Managers	5 0 0 0	x						0	121,000	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours	more the perso	tion (d han o	one b both	oox,ι an o	unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organızatıon and related organızatıons
Stephanie Bell-Rose Board of Managers TO 3/26/16	4 5 0 0	×						0	0	0
James Brown Board of Managers on 2/7/16	6 0 0 0	×						0	0	0
M Diane Koken Board of Managers on 12/31/15	10 0 0 0	×						0	0	0
HERSHEY TRUST COMPANY TRUSTEE	0 0		×					1,000	0	0
ELLIOTT H ROBINSON VP ADMINISTRATION	48 0			×				256,544	0	83,829
JOAN K SINGLETON VP HUMAN RESOURCES	55 0 0 0			x				245,222	0	76,728
PETER G GURT PRESIDENT	60 0 0 0			x				446,722	0	133,065
LISA RASHID VP - COMMUNICATIONS	60 0 0 0			x				169,937	0	72,359
MARC A WOOLLEY ESQ SECRETARY TO 6/30/2016	48 0 2 0			x				0	428,565	22,505
ERIC HENRY ACTING TREASURER	55 0 11 0			×				0	1,350,064	51,973

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	tion (d han oi on is b	one b ooth a ctor/	oox, u an ol	unless fficer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organızatıon and related organızatıons
ANDREW H CLINE VP LEGAL AFFRS/GEN COUNSL	60 0 0 0			x				259,989	0	80,501
THOMAS A K QUEENAN CHIEF FINANCIAL OFFICER to6/16	55 0 0 0			×				0	337,276	39,279
LINDA VETTORI ASSISTANT SECRETARY	48 0			×				0	96,728	30,158
FREDA F MARTINE VP OF EDU AND STUDENT LIFE	60 0 0 0			x				158,582	0	89,738
STEVEN SPARKS ESQ SECRETARY-BEGAN 7/11/16	48 0 2 0			×				0	0	0
ROBERT L FEHRS HEAD-MIDDLE DIVISION	55 0 0 0				x			172,781	0	50,875
ANNETTE K COLE GILL HEAD-ELEMENTARY DIVISION	47 0 0 0				x			194,457	0	56,492
BETH J SHAW EXEC DIRECTOR- STUDENT SUPPORT	57 0 0 0				x			197,704	0	56,858
WILLIAM H WEBER III HEAD OF SR DIVISION	53 0 0 0				x			150,682	0	44,207
TIMOTHY C FAKE SR DIRECTOR IT	54 0 0 0					x		167,116	0	35,683

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Promptoyee Institutional Trustee or director Former						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHN J OSMOLINSKI SR DIR CONSTRUCTION/FAC	55 0 0 0					x		150,368	0	49,645
STEPHEN MARK SEYMOUR SR DIR ENROLL MGT/FAMIL	40 0 0 0					x		151,024	0	51,103
ERICA M WEILER-TIMMONS DIR PSYCHOLOGICAL SERVICE	50 0 0 0					x		153,730	0	48,632
DAVID C MILLER JR SR DIR RISK MANAGEMENT	48 0 0 0					x		153,722	0	26,362
GAYLA MOLINELLI TREASURER to 2/11	53 0 2 0						x	0	269,155	50,159
JOHN ESTEY ESQ INTERIM PRESIDENT to 7/14	50 0 						x	0	653,355	43,130

efi	le GR	APHIC pr	int - DO	NOT PROCES	SS As Filed Da	ta -		DLN: 93	493166002117			
(Fc 99(DEZ)	Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .										
Interr	nal Reve	nue Service										
		ne organizat SHEY SCHOOL		TRUST				Employer identifica	ation number			
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The	organı	zation is not	t a private f	oundation beca	nuse it is (For lines 1	through 11, check of	only one bo	x)				
1	Г				r association of churc							
2	V	A schoold	lescribed in	section 170(b)(1)(A)(ii).(Attach S	chedule E (Form 990	0 or 990-E2	Z))				
3	Г	A hospital	or a cooper	rative hospital	service organization	described in section	170(b)(1)((A)(iii).				
4	Ē	A medical	research oi	rganization ope	rated in conjunction	with a hospital descr	ribed in sect	tion 170(b)(1)(A)(iii). Enter the			
-			name, city,				avatad b	a gouernmentel	log on had in			
5		-	•	omplete Part I	nefit of a college or ur I)	niversity owned or op	perated by a	a governmental unit c	lescribed in section			
6				•	or governmental uni	t described in sectio	n 170(b)(1))(A)(V).				
7	Ē				es a substantial part i). (Complete Part II		a governmer	ntal unit or from the <u>c</u>	eneral public			
8		A commun	nty trust de	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Part II))					
9		receipts fi from gross organizati	rom activiti s investmer on after Jur	es related to it nt income and i ne 30, 1975 S	unrelated business ta ee section 509(a)(2).	subject to certain ex xable income (less s (Complete Part III)	ceptions, a section 511)	nd (2) no more than tax) from businesse	331/3% of its support			
10	Γ	5	2		ted exclusively to te							
11	Γ	one or mor the box in	e publicly s lines 11a tl	upported organ hrough 11d tha	ted exclusively for th nizations described in t describes the type	n section 509(a)(1) o of supporting organiz	or section 5 zation and c	509(a)(2) See sectio complete lines 11e, 1	n 509(a)(3). Check .1f, and 11g			
а	Г	supported	organizatio	n(s) the power	erated, supervised, o to regularly appoint o rt IV, Sections A and	or elect a majority of						
b	Γ	manageme	ent of the si	5					oy having control or organization(s) You			
с	Г				supporting organization				grated with, its			
d	_				uctions) You must co I. A supporting organ				anization(s) that is			
u	I				nization generally mu							
		`	,	•	te Part IV, Sections							
е	Γ			2	ceived a written dete ally integrated suppo		RS that it is	a ⊺ype I, Type II, ⊤	ype III functionally			
f	Ente	-			ns							
g				0	out the supported org							
		(i)		(ii)EIN	(iii)	(iv)		(v)	(vi)			
Nar	ne of s	upported or	ganızatıon		⊤ype of	Is the organizat		A mount of	A mount of other			
					organization (described on lines	listed in your gove	erning	monetary support (see instructions)	support (see			

Total

1-9 above (see instructions))

Yes

No

Schedule A (Form 990 or 990-EZ) 2015

Page **2**

	aule A (Form 990 or 990-EZ) 201:						Page .
Pa	ITT II Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organization	ation failed to	qualify under
S	ection A. Public Support						
	Calendar year		(1)2012	() 2010	(1) 2 2 4 4	4 30045	
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	⊤ax 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 through 3						
4 5	The portion of total contributions						
Э	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						
S	ection B. Total Support						
	Calendar year	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)⊺otal
(or	fiscal year beginning in) Þ	(4)2011	(6)2012	(0)2015	(4)2014	(8)2015	
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
10	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	Total support. Add lines 7						
	through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is	for the organization	on's first, second	. third, fourth, or	fifth tax year as a	section 501(c)	(3) organization.
	check this box and stop here	-			•	• •	(e / e gamzation,
S	ection C. Computation of Pu	<u>blic Support F</u>	<u></u> Dercentage		<u></u>		
	Public support percentage for 201			11 column (f))			
14				(i))		14	
15	Public support percentage for 201	4 Schedule A, Par	rt II, line 14			15	
16a	33 1/3% support test-2015. If the	organization did i	not check the bo:	k on line 13, and	line 14 is 33 1/3%	or more, check	this box
	and stop here. The organization qu	alifies as a public	ly supported ora	anization			▶□
b	33 1/3% support test-2014.If the		, ,, ,		, and line 15 is 33	3 1/3% or more,	
	box and stop here. The organizatio	•					▶□
17a	10%-facts-and-circumstances test				ne 13, 16a, or 16l	b, and line 14	
	is 10% or more, and if the organization						
	In Part VI how the organization me	ets the "facts-and	d-circumstances	" test The organ	ization qualifies a	s a publicly sup	ported
	organization						
b	10%-facts-and-circumstances test	-2014.If the orga	anization did not (check a box on lu	ne 13, 16a, 16b, o	or 17a, and line	
	15 is 10% or more, and if the orga	2				,	
	Explain in Part VI how the organiza	ation meets the "f	acts-and-circum	stances" test Th	ne organization qu	alifies as a publ	icly
	supported organization						
18	Private foundation. If the organizat	zion did not check	a box on line 13	,16a,16b,17a,	or 17b, check this	s box and see	•
	instructions						▶□

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support	Talls to qualit	y under the tes	sts listed below,		ete Part II	<u>·)</u>	—
36	Calendar year							
(or f	iscal year beginning in)	(a) 2011	(b)2012	(c)2013	(d)2014	(e)201	15 (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to the organization's tax-exempt							
	purpose							
3	Gross receipts from activities							
5	that are not an 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 through 5							
7a	A mounts included on lines 1, 2,							
	and 3 received from disqualified persons							
Ь	Amounts included on lines 2 and							
U	3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6)							
Se	ction B. Total Support							
	Calendar year	(a)2011	(b)2012	(c)2013	(d)2014	(e)201	15 (f)Total	
•	iscal year beginning in) 🕨	((-)	(-/	((-)		
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable							
U	income (less section 511 taxes)							
	from businesses acquired after							
	June 30, 1975							
с	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	In line 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)							
14	First five years. If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	a section 50)1(c)(3) organizatior	۱,
	check this box and stop here						▶	_
Se	ction C. Computation of Pub	lic Support P	ercentage					_
15	Public support percentage for 2015	(line 8, column	(f) divided by line	e 13, column (f))		15		
16	Public support percentage from 201	4 Schedule A, P	art III, line 15			16		_
Se	ction D. Computation of Inv		,	ae				—
17	Investment income percentage for 3			-	an (f))			—
					111 (L))	17		
18	Investment income percentage from					18		
19 a	33 1/3% support tests-2015. If the	organization did	not check the bo	ox on line 14, and	line 15 is more t	than 33 1/3	%, and line 17 is not	:
	more than 33 1/3%, check this box						▶□	
b	33 1/3% support tests-2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	is more th		
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	oported org	anızatıon 🕨 🕨	Γ
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, ch	eck this box and	see instruc	tions 🕨 📘	

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	A re all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^{2}$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	Зc		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
ſ	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If</i> " <i>Yes</i> ," <i>complete Part I of Schedule L (Form 990)</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," ans were below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		L
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11a		
	······································		1	

c A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI

11c

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?
 If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	•		
	that controlled of managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- **c** The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 <u>Activities Test</u> Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization (s) to which the organization was responsive?
 If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
 2a
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?
 If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*

No

Yes

1

2b

3a

3b

Yes

No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

- Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- **a** Average monthly value of securities
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets
- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI) _____
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

1 2

3

4

5

6

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

	Current Year

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (c	ontinued)
Sectio	n D - Distributions	Current Year
1 Am	ounts paid to supported organizations to accomplish exempt purposes	
	bunts paid to perform activity that directly furthers exempt purposes of supported organizations, in ess of income from activity	
3 Adn	ninistrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amo	ounts paid to acquire exempt-use assets	
5 Qua	lified set-aside amounts (prior IRS approval required)	
6 Oth	er distributions (describe in Part VI) See instructions	
7 Tota	l annual distributions. Add lines 1 through 6	
	ributions to attentive supported organizations to which the organization is responsive (provide fils in Part VI) See instructions	
9 Dist	ributable amount for 2015 from Section C, line 6	
10 Lin	e 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
а			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 i Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
а			
b			
c Excess from 2013			
d From 2014			
e From 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efil	e GRAPHIC pr	int - DO NO	T PROCESS As Filed Data	-		DLN	93493166002117
SCH	HEDULE C		Political Campaign and	l Lobbying	Activiti	es	OMBNo 1545-0047
(Fo	rm 990 or -EZ)	►Complete	zations Exempt From Income Ta if the organization is described belo	w. ►Attach to F	orm 990 or	Form 990-EZ.	
Treas Inter	nal Revenue	►Inf	ormation about Schedule C (Form 99 <u>www.irs.gov</u>	•	its instructi	ons is at	Open to Public Inspection
• Se • S • S If the • S • S If the line 3 • S	organization ar ection 501(c)(3) of ection 501(c) (oth ection 527 organiz organization ar ection 501(c)(3) c organization ar 55c (Proxy Tax) (ection 501(c)(4),	rganizations C per than section zations Comple nswered "Yes organizations th nswered "Yes see separate (5), or (6) orga	s" on Form 990, Part IV, Line 3, or complete Parts I-A and B Do not comp to 501(c)(3)) organizations Complete P ete Part I-A only s" on Form 990, Part IV, Line 4, or hat have filed Form 5768 (election that have NOT filed Form 5768 (election s" on Form 990, Part IV, Line 5 (Pr e instructions), then nizations Complete Part III	lete Part I-C Parts I-A and C bel Form 990-EZ, Pa ler section 501(h)) n under section 50	low Do not art VI, line 4) Complete f)1(h)) Comp	complete Part I-E I7 (Lobbying A Part II-A Do not o lete Part II-B Do tructions) or F	ctivities), then complete Part II-B not complete Part II-A
	ne of the organiza ON HERSHEY SCHOO		RUST			Employer Ident	ification number
Davi	I-A Comple	to if the ar	ganization is exempt under	caction E01/a) or is a	23-1353340	organization
1 2 3		ption of the org	ganization is exempt under				s
Part	Comple	te if the or	ganization is exempt under	section 501(c	:)(3).		
1 2	Enter the amoun Enter the amoun	t of any excise t of any excise	tax incurred by the organization un tax incurred by organization manag	der section 4955 ers under section		> >	\$ \$
3	If the organization	on incurred a s	ection 4955 tax, did it file Form 472	0 for this year?			Yes No
4 a	Was a correction	n made?					Yes No
b	If "Yes," describ		<u> </u>				
			ganization is exempt under				.(c)(3).
1 2		t of the filing o	nded by the filing organization for se rganization's funds contributed to ot	•			\$
3	⊤otal exempt fur	nction expendit	tures Add lines 1 and 2 Enter here	and on Form 1120	0-POL, line	17b 🕨	\$
4	Did the filing org	anızatıon file F e	orm 1120-POL for this year?				Yes No
5	organization mac amount of politic	de payments F al contributior	nd employer identification number (E for each organization listed, enter th is received that were promptly and d political action committee (PAC) If	e amount paid from irectly delivered t	m the filing to a separat	organization's fu e political organ	inds Also enter the nization, such as a
	(a) Name	3	(b) Address	(c) EIN	filing or	unt paid from ganization's ione, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2							
3							
4							
5							
6 For Pa	perwork Reduction	n Act Notice. se	e the instructions for Form 990 or 990	D-EZ.	at No. 50084	S Schedule C /S	orm 990 or 990-EZ) 2015

expenses, and share of excess lo	, , ,	d group member's nam	e,address,EI
Limits on Lob	box A and "limited control" provisions apply bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 Total lobbying expenditures to influence public lobbying) Total lobbying expenditures to influence a legit 	c opinion (grass roots	0	
c Total lobbying expenditures (add lines 1a and	1b)	0	
d Other exempt purpose expenditures		204,013,685	
e Total exempt purpose expenditures (add lines	1c and 1d)	204,013,685	
f Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	1,000,000	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (enter 25% of g	line 1f)	250,000	
- Subtract line 1g from line 1a If zero or less, e	nter - 0 -		
	nter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h)

⊢ Yes

∏ No

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
C	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

-		(<u>a)</u>		(b)		
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity	No Amou		Amoun	t	
		Yes				-
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5),	or se	ectio	n
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " line 3, is answered "Yes."	'NO" (DR (b)	Par	t III-	Α,
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year	2 a				
b	Carryover from last year	2 b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				

- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
	MHSST is required to complete this schedule since it previously filed a 501(h) election MHSST had no lobbying expenses for the reporting period

Schedule C (Form 990 or 990EZ) 2015

4

5

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -		DLN	93493166002117
	H EDULE D m 990)		nental Financial Statements			OMB No 1545-0047
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the ► Attach to Form 990. Open to Public						2015 Open to Public
Treas Interr	ury nal Revenue Service		(Form 990) and its instructions is at <u>www.ir</u>	<u>'s.qov/f</u>	orm990.	Inspection
Name of the organization Employer id MILTON HERSHEY SCHOOL AND SCHOOL TRUST Employer id					-	ification number
Ра			Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.		353340 or Accou	ints.
	Compie		(a) Donor advised funds	(b)	Funds and	l other accounts
1 Total number at end of year						
2	year)	alue of contributions to (during				
3	Aggregate v	alue of grants from (during year)				
4		alue at end of year				
5	funds are the o	rganization's property, subject to t	dvisors in writing that the assets held in doi he organization's exclusive legal control?		sed	Yes No
6	used only for cl		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		⁻ purpose	∏Yes ∏No
Pa		•	te if the organization answered "Yes" o	on Forn	n 990, Pa	
1	Purpose(s) of c	conservation easements held by th	e organization (check all that apply)			
	•	on of land for public use (e g , recr				
	education)	of natural habitat	Preservation of a			
	•	on of open space	Preservation of a	rcertille	anistone	structure
2	Complete lines		neld a qualified conservation contribution in	the form	of a cons	ervation
		, ,			Held a	t the End of the Year
а	Total number o	f conservation easements		2a		
b	Total acreage r	restricted by conservation easeme	ents 2b			
с		servation easements on a certified		2 c		
d	historic structu	onservation easements included in (c) acquired after 8/17/06, and not on a included in the National Register 2d				
3		servation easements modified, trai	nsferred, released, extinguished, or termination	ed by the	e organıza	tion during the
4	Number of stat	es where property subject to cons	ervation easement is located >			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?					
6	year					
	▶					
7	A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?					
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Par			tions of Art, Historical Treasures,	or Oth	ner Simi	lar Assets.
			ed "Yes" on Form 990, Part IV, line 8. AS 116 (ASC 958), not to report in its reve	nuo stat	ement an	d halance sheet
1a	works of art, his	storical treasures, or other similar	assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furf	
b	works of art, his		AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items			
((i) _{Revenue inclu}	ided on Form 990, Part VIII, line 1		▶\$_		
		ed in Form 990, Part X				
2	If the organizat	tion received or held works of art, h	istorical treasures, or other similar assets f FAS 116 (ASC 958) relating to these items	or financ		
а	2	ied on Form 990, Part VIII, line 1				
b		d in Form 990, Part X				
For I	Paperwork Reduc	ction Act Notice, see the Instruction	onstor Form 990. Cat Nu	o 5228	3D Sch	edule D (Form 990) 201

Sch	edule D (Form 990) 2015							Page 2
Par	till Organizations Maintainin (continued)	g Collections o	f Art, Historica	I Tre	easures, (or Ot	her Similar A	ssets
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and other	records, check an	y of th	e following t	hat ar	e a significant us	e of its
а	Public exhibition		d 🗌	Loan o	or exchange	progra	ams	
b	✓ Scholarly research e □ O ther							
с	 Preservation for future generation 	s						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
5	During the year, did the organization so assets to be sold to raise funds rather						sımılar Ve s	s 🔽 No
Pa	rt IV Escrow and Custodial Ar	angements.						
	Complete if the organizatior Part X, line 21.	answered "Yes"	on Form 990, P	art IV	, line 9, or	- repo	orted an amoun	t on Form 990,
1 a	Is the organization an agent, trustee, c included on Form 990, Part X?	ustodian or other in	termediary for con	trıbutı	ons or othei	r asse	ts not	5 🔽 No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following t	able			Am	ount
С	Beginning balance				-	1c		
d	Additions during the year				-	1d		
e	Distributions during the year				-	1e		
f	Ending balance		V 1			1f		
2a	Did the organization include an amount	on Form 990, Part	x, line 21, lor escr	ow or	custourar ac	count	Tability' Yes	6 No
b	If "Yes," explain the arrangement in Pa							
Pa	TTTV Endowment Funds. Comp			-				
1a	Beginning of year balance	(a)Current year 11,072,259,160	(b) Prior year 10,695,613,308		Two years ba 10,710,324,0)Three years back 8,746,048,626	(e)Four years back 7,798,674,181
				_				
b	Contributions							
с	Net investment earnings, gains, and losses	1,484,025,947	376,645,852		-14,710,7	18	1,964,275,400	947,374,445
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance	12,556,285,107	11,072,259,160	1	10,695,613,308 10,		10,710,324,026	8,746,048,626
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as							
а	Board designated or quasi-endowment	▶						
b								
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%							
За	A re there endowment funds not in the p organization by	ossession of the or	ganization that are	held a	and adminis	tered	for the	Yes No
	(i) unrelated organizations			•			За	(i) No
	(ii) related organizations 3a(ii) Yes b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b Yes							
ь 4	Describe in Part XIII the intended use:					•••		b Yes
-	rt VI Land, Buildings, and Equ	pment.						
	Complete if the organization	answered 'Yes'		rt IV,		ee Fo	orm 990, Part X Accumulated	
	Description of property		(a) Cost or othe (investme		(b) Cost or othe (other)		Accumulated (c)depreciation	(d)Book value
1 a	Land				64,4	93,143		64,493,143
b	Buildings		282	79,000	د دده	20,574	480,728,917	549,870,657
с	Leasehold improvements			,000	, ,,2	_0,0/+	-00,720,917	545,570,057
	Equipment		🗖		118,7	65,526	87,204,076	31,561,450
е	Other							

. . .

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

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•	•	•		645,925,250
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Schedule D (Form 990) 2015

	arappization answard Was	an Form 000 Dart IV line 11h
Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 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
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) SEE PART XIII	11,747,050,342	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	11,747,050,342	
Complete if the organization answered 'Yes' on For	m 990, Part IV, line 11c. _{See}	Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization answered 'Ye	es' on Form 990, Part IV, line 11	
(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		►
Part X Other Liabilities. Complete if the organization ans	wered 'Yes' on Form 990, Pa	art IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book	value	
Federal income taxes	0	
1		

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII 🔽

Pari	XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,772,685,811
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 1,439,676,846		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	O ther (Describe in Part XIII)		
	2d -643,742		
е	Add lines 2a through 2d	2e	1,439,033,104
3	Subtract line 2e from line 1	3	333,652,707
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	333,652,707
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	282,597,278
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments]	
с	O ther losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	-643,742
3	Subtract line 2e from line 1	3	283,241,020
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
с	Add lines 4a and 4b	4c	-25,013,014
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	258,228,006

Part XIII Supplemental Information

Schedule D (Form 990) 2015

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Page 4

Part XIII Supplemental Information (continued)		
Return Reference	Explanation	

Schedule D (Form 990) 2015

Supplemental Information

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Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A & 4	MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES, OR SIMILAR ASSETS THE ORGANIZATION E LECTED, AS PERMITTED UNDER SFAS 116, MOT TO REPORT IN ITS REVENUE STATEMENT AND BALANCE SH LET WORKS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION , EDUCATION OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE THE DEPARTMENT OF SCHOOL HISTORY AND THE MIS HERITAGE CENTER AT KINDERHAUS PROVIDE FOR THE CARE AND MANAGEMENT OF THE HIST ORICAL ASSETS OF THE MILTON HERSHEY SCHOOL COMMUNITY THE HISTORICAL ASSETS (COLLECTION)C ONSIST OF ARCHIVAL RECORDS AND DOCUMENTS, THREE DIMENSIONAL OBJECTS, INTERPRETIVE EXHIBITS , AND HISTORICAL CAMPUS BUILDINGS WHICH HELP TO DOCUMENT THE LIVES AND VALUES OF MILTON AN D CATHERINE HERSHEY AS FOUNDERS OF OUR SCHOOL, THE HISTORY AND TRADITIONS OF THE SCHOOL AS AN INSTITUTION, AND THE STORIES OF THE STUDENTS, STAFF, AND ALUMNI WHO MAKE UP THE SCHOOL COMMUNITY EXCLUDED FROM THIS MANDATE ARE LEGAL BOARD RECORDS, STUDENT RECORDS, AND ALUMNI RECORDS SCHEDULE D, PART V, LINE 4 TRUST FUNDS AS MANDATED BY MILTON HERSHEY'S DEED OF TRUST, THE TRUST FUNDS AS RE USED TO OPERATE THE MILTON HERSHEY SCHOOL AND MANAGE THE SCHOOL TRUST IN PERPETUITY THE SCHOOL HAS MADE A POSITIVE DIFFERENCE IN THE LIVES OF ITS STUDENT S FOR OVER 100 YEARS IN ORDER TO CONTINUE TO CHANGE LIVES FOR THE NEXT 100 YEARS AND BEY OND, THE TRUST FUNDS AND OTHER ASSETS OF THE MILTON HERSHEY SCHOOL TRUST (HE "ASSETS") AR E INVESTED FOR THE LONG TERM DOING SO HELPS TO ENSURE FUNDS ARE AVAILABLE TO MEET CURRENT AND FUTURE OBLIGATIONS OF MILTON HERSHEY SCHOOL TRUST (UTH ASSISTAN CE FROM THIRD-PARTY INVESTMENT CONSULTANTS, CONTINUALLY REVIEW THE PERFORMANCE OF THE ASSE TS AND INVESTMENT DECISIONS STRICT INVESTMENT GUDELINES GOVERN A DISCIPLINED PROCESS FOR ASSET ALLOCATION, MANAGER SELECTION AND REVIEW OF MANAGEMENT FEES SCHEDULE D, PART X, LI NE 2 FIN 4B FOOTNOTE TAX POSITIONS ARE MECOGNIZED OR DERECOGNIZED TAX BENEFITS OR LIADNELISTION SIST AT RE TOWN REXALE OF THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST MET ASOUL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A & 4	INFORMATION FORM 990, PARTS VIII AND IX DETAIL OF REVENUE AND EXPENSES PART VIII, STATEME NT OF REVENUE MILTON HERSHEY MILTON HERSHEY TOTAL LINE SCHOOL TRUST SCHOOL 1F CONTRIBUTION S 53,573 - 53,573 2 PROGRAM SERVICE REV - 634,199 634,199 3 INVESTMENT INCOME 285,598,114 - 285,598,114 - 48,075,166 7 (II) GAON ON SALE-OTHER 146,503 64,948 211,451 11A OTHER SECURITIES 44,075,166 - 44,075,166 7 (II) GAON ON SALE-OTHER 146,503 64,948 211,451 11A OTHER INCOME 3 5,000 - 35,000
	BONDS 107,267,299 FMV CORPORATE BONDS 291,410,734 F

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A & 4	MV BOND FUNDS 152,756,706 FMV COMMON STOCKS-OTHER 555,949,041 FMV TOTAL P ART X, LINE 11 \$1,510,698,766 PART X, LINE 12/SCHEDULE D, PART VII CLOSELY HELD EQUITY INT ERESTS THE HERSHEY COMPANY - COMMON SHARES \$1,407,086,290 FMV HERSHEY ENTERTAINMENT & RESO RTS 590,000,000 FMV HERSHEY TRUST COMPANY 39,637,747 FMV THE HERSHEY CO - CLASS B SHARES 6 ,713,386,449 FMV SUB-TOTAL CLOSELY-HELD INTERESTS \$8,750,110,486 PART X, LINE 12 (CONTINUED) OTHER STOCK FUNDS - OTHER \$1,883,015,903 FMV OTHER BOND FUNDS 371,196, 084 FMV MARKETABLE ALTERNATIVES 58,812,034 FMV ALTERNATIVE ASSETS-NON MARKETABLE 683,915,8 35 FMV SUB-TOTAL OTHER \$2,996,939,856 TOTAL PART X, LINE 12 \$1 1,747,050,342

efile GRAPHIC	e GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349316						117
SCHEDULE E (Form 990 or 990-EZ)		Schoo	ls		1B NO 1 20		
Department of the Freasury Internal Revenue Service	Part IV	/, line 13, or Form 990-E Attach to Form 990 or ∣	Form 990-EZ.		Open t Inspec	o Publ	
ame of the organiza				Employer identifica	ation nu	mber	
				23-1353340			
Part I						YES	NO
5	nzation have a racially nondiscri g instrument, or in a resolution o		students by statement in	ıts charter, bylaws,	1	Yes	
	nization include a statement of its alogues, and other written comm scholarships?				2	Yes	
the period of so that makes the	zation publicized its racially non- olicitation for students, or during policy known to all parts of the If you need more space use Par	the registration period general community it s	l if it has no solicitation pr	ogram, in a way	3	Yes	
a Records Indica	nization maintain the following? ting the racial composition of the				4a	Yes	
basis? c Copies of all ca	nenting that scholarships and oth atalogues, brochures, announcen Imissions, programs, and schola	nents, and other writte			4b	Yes Yes	
	aterial used by the organization	•	at contributions?		4c 4d	Yes	
If you answere	d "No" to any of the above, pleas	e explain If you need	more space, use Part II				
5 Does the organa Students' right	nization discriminate by race in a s or privileges?	ny way with respect to			5a		No
b Admissions po	licies?				5b		No
c Employment of	faculty or administrative staff?				5c		No
d Scholarships o	r other financial assistance?				5d		No
e Educational po	licies?				5e		No
f Use of facilities	57				5f		No
g Athletic progra	ms?				5g		No
	ricular activities? d "Yes" to any of the above, plea	se explaın Ifyou need	d more space, use Part II		<u>5h</u>		No
6a Does the organ	nization receive any financial aid	or assistance from a g	overnmental agency?		6a		No
b Has the organi	zation's right to such aid ever be	en revoked or suspend	ded?		6b		No
7 Does the organ	d "Yes" to either line 6a or line 6 nization certify that it has compli 5-50, 1975-2 C B 587, coverir	ed with the applicable			7	Yes	

Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Cat No 50085D Schedule E (Form 990 or 990-EZ) (2015)

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, LINE 3	THE MILTON HERSHEY SCHOOL ANNUALLY PUBLISHES ITS NON- DISCRIMINATION POLICY IN NEWSPAPERS OF ITS GENERAL COMMUNITY THE CURRENT ADVERTISEMENT WAS PUBLISHED IN THE PHILADELPHIA INQUIRER, THE HARRISBURG PATRIOT NEWS, THE NEW YORK TIMES AND THE PITTSBURGH POST-GAZETTE. THE ADVERTISEMENT READS AS FOLLOWS QUALIFIED STUDENTS ARE ELIGIBLE FOR ADMISSION REGARDLESS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, ANCESTRY, SEX, RELIGIOUS CREED OR DISABILITY MILTON HERSHEY SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, ANCESTRY, SEX, RELIGIOUS CREED OR DISABILITY IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED PROGRAMS

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	IEDULE F m 990)	Stat			Outside the Uni		ates -	OMB No 1545-0047
			Complete	-	n answered "Yes" to Forr 14b, 15, or 16.	n 990,		2015
_					o Form 990.			
	tment of the Treasury al Revenue Service	▶ Informati	on about Schedu	ıle F (Form 990) a	and its instructions is at i	vww.irs.g	ov/form990.	Open to Public Inspection
	e of the organization ON HERSHEY SCHOC		HOOL TRUST				Employer ident	ification number
	on hersher senoe						23-1353340	
Ра					he United States. orm 990, Part IV, lind	e 14b.		
1	For grantmakers.	Does the o	organization r	naıntaın record	ls to substantiate the	amoun	t of its grants	
		. –	-	lity for the grai	nts or assistance, and	the sel	ection criteria	
	used to award the g	grants or a	assistance?					🗌 Yes 🗌 No
2	For grantmakers. E assistance outside f			rganızatıon's p	rocedures for monito	ring the	use of its gran	ts and other
3	Activites per Region	(The follow	ung Part I, line	3 table can be d	uplicated if additional s	bace is n	eeded)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grant to recipients located in the region)	prograr sp s serv	ivity listed in (d) is a m service, describe becific type of vice(s) in region	(f) Total expenditures for and investments in region
	Europe (Including Ice Greenland)	land and		region	Investments			71,951,290
	Central America and t Caribbean	the			Investments			274,265,280
	North America				Investments			7,623,925
	Sub-Saharan Africa				Investments			17,104,993
	Sub-total							370,945,488
D	Total from continuation to Part I	onisneets						
	Totals (add lines 3a a							370,945,488
For P	aperwork Reduction Act	Notice, see	the Instructions	s for Form 990.	Cat	No 500)82W Sched	ule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

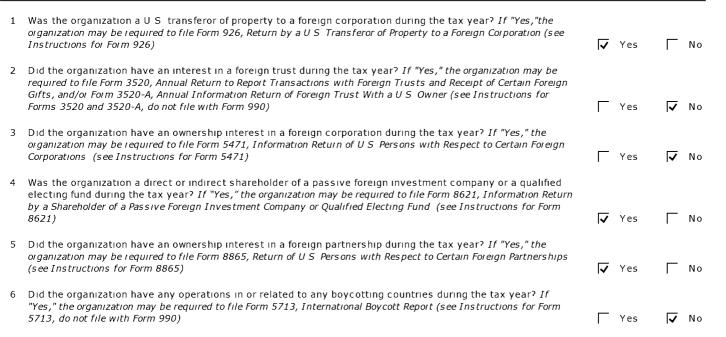
Schedule F (Form 990) 2015

Part III Grants and O Part III can be	ther Assistance to duplicated if addition	o Individuals onal space is n	s Outside the Unit needed.	ed States. Complete	If the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
. <u></u>							

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part IV Foreign Forms



Additional Data

Software ID: Software Version: EIN: 23-1353340 Name: MILTON HERSHEY SCHOOL AND SCHOOL TRUST

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print	- DO NOT F	PROCESS	As Filed Data -				DLN: 9	93493166002117
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	2	No 1545-0047						
Name of the organization MILTON HERSHEY SCHOO	DLAND SCH	OOLTRUST					Employer identificati	on number
Part I General Inf	formation	on Grants a	and Assistance				23-1353340	
the selection criteria 2 Describe in Part IV th Part II Grants and Otl	used to awar he organizatio her Assistanc	d the grants or on's procedure ce to Domestic	r assistance? s for monitoring the use		ited States			√ Yes No 1, for any recipient
(a) Name and address of organization or government	of	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								+
	other organiz	zations listed i	n the line 1 table	isted in the line 1 table .			•	

FUTURE YEARS THE TOTAL OF THESE AMOUNTS IS \$8,559,057

(a) Type of grant or a	ssistance	(b) Number of recipients	(c) Amount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
CONTINUING EDUCA (1) SCHOLARSHIPS	TION	538	8,559,057			
Part IV Suppleme	ntal Informa	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any othe	r additional information.
Return Reference	Explanat	ion				
Return Reference SCHEDULE I, PART I, QUESTION 2	POST-SE ACCREDI OFTEN EL FEES, RO COSTS FU STUDIES THEY HA CONTINU COMBIN/ COLLEGE INSTITU DEGREE INDIVID GRADUA MAXIMUI MATCH T ANNUAL STUDENT PRIOR TC FOR THIS	CONDARY SCHOLARSH ITED UNDERGRADUATE LIMINATES - THE BURE OM AND BOARD, AND F OR RECENT GRADUATE WITHIN FIVE YEARS O VE THE SUPPORT THEY JE THEIR STUDIES AFT ATION OF THE FOLLOW E ACADEMIC TRANSCRI TION'S FINANCIAL AID COMPLETION EVALUATION'S FINANCIAL AID COMPLETION EVALUATION'S FINANCIAL AID COMPLETION EVALUATION'S FINANCIAL AID COMPLETION EVALUATION'S FINANCIAL AID COMPLETION EVALUATION ACTOR HE AVERAGE U S COL ACADEMIC PERFORMA S WERE AWARDED THE D THE SPRING OF 2004 S PROGRAM INCLUDE P	IIP ASSISTANCE TO E PROGRAM WITH THE DEN OF STUDENTS' PO POSSIBLY HEALTH INS S UP TO \$80,000 THE F GRADUATION CESS NEED AS THEY NAVIO ER LEAVING MHS THE VING DOCUMENTS TO TOTS/GRADES, A STAN OFFICE (RELEASE FO TIONS, AND OTHER DO ALLTON HERSHEY SCH IG OF 2004, WHERE SC DUATING CLASS OF 2 LEGE INFLATION RATE NCE AND CERTAIN OT SCHOLARSHIP CRED WERE NOT AFFECTED ARTICIPATION AND D	LIGIBLE MILTON HERS INTENTION TO EARN / ST-SECONDARY COST URANCE NOT COVERE SE FUNDS ARE AVAIL/ STAFF AND RESOURCE GATE THE POSTGRADU CALIDATE SCHOLARSH DARDIZED COST AND RM), COLLEGE BILLS, S OCUMENTATION AS NE OOL OFFERS A CONTI HOLARSHIP CREDITS 016 WILL BE \$84,000 E THE EARNING OF TH HER CONDITIONS UP IT FOR GRADES PREVI- BY THE NEW POLICY S DISCOUNT RATES THE	HEY SCHOOL GRADUATES A DIPLOMA, CERTIFICATE, S BY HELPING TO PAY FOR D BY AID FROM POSTSECO ABLE TO ALUMNI WHO PUR S ARE DEVOTED TO FOLLO JATE YEARS 80% OF GRAD HOOL, THROUGH CES OFFI HIP ELIGIBILITY AND COLL AID ASSESSMENT FORM TH SIGNED COPIES OF LEASES EDED SCHEDULE I, PART I NUING EDUCATION SCHOL ARE EARNED GRADUALLY E THE MAXIMUM AWARD MAY E SCHOLARSHIP AWARD IS ON INCEPTION OF THIS PH OUSLY COMPLETED STUDE SIGNIFICANT ASSUMPTIOI EXPENSE RECOGNIZED FO	EN ESTABLISHED TO PROVIDE PURSUING FULL-TIME STUDY IN AN OR DEGREE THE CES EASES - AND STANDARD FULL-TIME TUITION, NDARY SCHOOLS THE CES COVERS SUE THEIR POSTGRADUATE WING UP WITH ALUMNI TO ENSURE UATES WILL IMMEDIATELY CE STAFF, UTILIZES A EGE COST & FINANCIAL AID DATA HAT IS COMPLETED BY THE /RENTAL AGREEMENTS, RECEIPTS, III GRANTS & ASSISTANCE TO ARSHIP PROGRAM FOR STUDENTS FACH YEAR OF HIGH SCHOOL THE Y BE INCREASED EVERY YEAR TO DEPENDENT ON THE STUDENTS' ROGRAM, CURRENT HIGH SCHOOL ENTS WHO HAD GRADUATED IN OR NS IN DETERMINING THE LIABILITY R THE CONTINUING EDUCATION 2016 AND 2015 RESPECTIVELY.

AND IS INCLUDED IN CONTINUING EDUCATION PROGRAMS ON THE STATEMENT OF ACTIVITIES OF THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST FINANCIAL STATEMENTS THE AMOUNT REPORTED COVERS THE 538 STUDENTS CURRENTLY RECEIVING CONTINUING EDUCATION SCHOLARSHIPS AS WELL AS THE 760 STUDENTS EARNING CREDITS TOWARD THEIR FUTURE SCHOLARSHIPS SCHEDULE I, PART III, COLUMN (C) THE AMOUNT REPORTED IN COLUMN C "AMOUNT OF CASH GRANT" CONSISTS OF \$6,240,072 OF CASH GRANTS PAID DURING THE YEAR AND \$2,318,985 WHICH REPRESENTS A INCREASE IN THE TUITION ACCRUAL FOR GRANTS TO BE PAID IN

efil	le GRAPHIC p	orint - DO NOT PROCESS As	s Filed	Data -		DLN: 93	849316	6002	117
Sch	edule J	Com	pensat	tion In	formation	0	MBNo 1	.545-0	0047
(Fori	m 990)	For certain Officers, I)irectors,	Trustees	Key Employees, and High	est			
			Compens	ated Emp	oloyees		20	-1	5
		Complete if the organiz		ch to Forr					
Depar Treasi	tment of the urv	► Information about Schedule J (I	Form 990) and its i	nstructions is at <u>www.irs.</u>	<u>.gov/form990</u> .	Open t Insp		
Intern	al Revenue Service								
	me of the organiz TON HERSHEY SCHO	zation OOL AND SCHOOL TRUST				Employer identific	ation nur	nber	
						23-1353340			
Ра	rt I Questi	ons Regarding Compensatio	n						
								Yes	No
1 a		opiate box(es) if the organization pro Section A , line 1a Complete Part II							
	·	s or charter travel	√		allowance or residence fo	•			
	·	companions			ts for business use of pers				
	•	nification and gross-up payments	∠		or social club dues or initia				
	Discretion	nary spending account	I	Persona	l services (e g , maid, cha	uffeur, chef)			
b		xes in line 1a are checked, did the o or provision of all of the expenses d					1b	Yes	
2		ation require substantiation prior to							
	directors, trust	ees, officers, including the CEO/Exe	cutive Di	irector, re	garding the items checked	i in line 1a?	2	Yes	
-	Inducata which	if any of the following the filing area	nization	used to a	stablish the componention	oftho			
3	organization's	, if any, of the following the filing orga CEO/Executive Director Check all t ed organization to establish compen	hat apply	Do not	heck any boxes for metho	ds			
	✓ Compensa	ation committee		Written	employment contract				
	🔽 Independe	ent compensation consultant	~	Comper	sation survey or study				
	✓ Form 990	of other organizations	~	Approva	al by the board or compens	ation committee			
4	During the year or a related org	r, dıd any person listed on Form 990 Ianızatıon	, Part VII	[,Section	A , line 1a with respect to	the filing organizati	on		
а	Receive a seve	rance payment or change-of-control	payment	t?			4a		No
b	Participate in, d	or receive payment from, a suppleme	ental nond	qualified r	etırement plan?		4b		No
с	Participate in, d	or receive payment from, an equity-b	ased cor	npensatio	on arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and p	rovide the	e applical	ble amounts for each item	ın Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organiza	ations mu	st comple	ete lines 5-9.				
5	For persons lis	ted on Form 990, Part VII, Section / contingent on the revenues of		•		any			
а	The organizatio	on?					5a		No
b	Any related org						5b		No
	If "Yes," on line	e 5a or 5b, describe in Part III							
6	•	ted on Form 990, Part VII, Section / contingent on the net earnings of	A,line 1a	, dıd the o	organization pay or accrue	any			
а	The organizatio	n ²					6 a		No
b	Any related org	janization?					6b		No
	If "Yes," on line	e 6a or 6b, describe in Part III							
7		ted on Form 990, Part VII, Section / lescribed in lines 5 and 6? If "Yes,"				on-fixed	7		No
8		ints reported on Form 990, Part VII, nitial contract exception described i					8		No
9	If "Yes" on line section 53 495	8, did the organization also follow tl 58-6 (c)?	ne rebutta	able pres	umption procedure describ	ed in Regulations	9		
For P	aperwork Reduc	tion Act Notice, see the Instruction	s for Forr	n 990.	Cat No	50053T Schedu	ile J (For	m 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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)(1)-(11) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, o	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
	Explanation TRAVEL FOR COMPANIONS SPOUSE/DEPENDENT TRAVEL SPOUSES AND CHILDREN OF BOARD MEMBERS MAY BE INVITED TO ATTEND GRADUATION AND THE ANNUAL BOARD BETREAT AT THE DISCRETION OF THE SCHOOL OR RUST COMPANY IF A SPOUSE OR DEPENDENT ACCOMPANIES A BOARD MANGER/DIRECTOR TO ATTENDE DISCRETION OF THE SCHOOL ON RUSTS COMPANY IF A SPOUSE OR DEPENDENT ACCOMPANIES A BOARD MANGER/DIRECTOR TO A THE ANNUAL BETREAT, ALL CHARGES RELATED THE SPOUSE OR CHILD ARE THE RESPONSIBILITY OF THE MANGER/DIRECTOR TO A THE ANNUAL BETREAT, ALL CHARGES RELATED TO THE SCHOOL SPOUSE OR CHILD ARE THE RESPONSIBILITY OF THE MANGER/DIRECTOR TO A THE ANNUAL BETREAT, ALL CHARGES RELATED TO THE SCHOOL SPOUSE OR CHILD ARE THE RUSSES AND INTITY OF THE MANGER/DIRECTOR TO A THE ANNUAL BETREAT, ALL CHARGES RELATED ANDUAL TO WERKEND EVENTS, INTEG OST OF OR ORDINARILY, TRUST COMCANY STAFF WILL MAKE ALL TRAVEL AND LODGING ARRANCEMENTS WILL BURGREMENT WILL DIRE DECORD PORCHAILE DRY ORIGINAL RECEIPTS AND MUST BE SUBMITTED WITHIN 60 DAYS OF THE DATE ON WHICH THE EXPENSES WERE INCURRED ACCOMPANIED BY ORIGINAL RECEIPTS AND MUST BE SUBMITTED WITHIN 60 DAYS OF THE DATE ON WHICH THE EXPENSES WERE INCURRED ACCOMPANIED BY ORIGINAL RECEIPTS AND MUST BE SUBMITTED WITHIN 60 DAYS OF THE DATE ON WHICH THE EXPENSES WERE INCURRED ACCOMPANIED BY ORIGINAL RECEIPTS AND MUST BE SUBMITTED WITHIN 60 DAYS OF THE DATE ON WHICH THE EXPENSES WERE INCURRED ACCOMPANIED BY ORIGINAL RECEIPTS AND MUST BE SUBMITTED WITHIN 60 DAYS OF THE DATE ON WHICH THE EXPENSES WERE INCURRED A DECOMPANIE DATE DESCRIPTIONS INCLUDING THE CARE ON THE SCHOOL ON THE
	companies, Hershey Trust Company (EIN 23-0692150) and The Hershey Company (EIN 23-0691590) This report also includes approximately \$136,000 of payment of compensation reported on the prior year's Form 990 This compensation, received in 2015, was earned in 2014, and was previously reported as deferred compensation Velma A Redmond, ESQ Compensation reported consists only of director fees received from a related for-profit company, Hershey Trust Company (EIN 23-0692150) David Saltzman Compensation reported consists only of director fees received from a related for-profit company, Hershey Trust Company (EIN 23-0692150) Joseph M Senser Compensation reported consists only of director fees received from a related for-profit companies, Hershey Trust Company (EIN 23-0692150) Joseph M Senser Compensation reported consists only of director fees received from related for-profit companies, Hershey Trust Company (EIN 23-0692150) and Hershey Entertainment & Resorts Co (EIN 23-0691815) Joan E Steel COMPENSATION REPORTED CONSISTS ONLY OF DIRECTOR FEES RECEIVED FROM THE RELATED for-profit entity Hershey Trust Company (EIN 23-0692150) Richard Zilmer Mr Zilmer served on the boards of Hershey Trust Company and Milton Hershey School until September 2015 COMPENSATION REPORTED CONSISTS ONLY OF DIRECTOR FEES RECEIVED FROM THE RELATED for-profit entity Hershey Trust Company (EIN 23-0692150) The following information details the compensation arrangements of certain officers and key employees of the Milton Hershey School and School Trust They are compensated by related for-profit entities. Their compensation is ESTABLISHED BASED UPON DATA PROVIDED by independent compensation consultants.
	objectives None of their compensation, employee benefit contributions or non-taxable benefits was paid directly by the Milton Hershey School and School Trust during the reporting period Gayla Molinelli Ms Molinelli served as the Treasurer of Hershey Trust Company and Milton Hershey School and School Trust until February 2011 She also serves as Vice President, Finance of Hershey Trust Company (EIN 23-0692150), a for-profit related corporation None of her compensation, employee benefit contributions or non-taxable benefits was paid by Milton Hershey School & School Trust John Estey, ESQ Mr Estey served as Secretary of Milton Hershey School and Hershey Trust Company from January 2012 to February 2012 HE SERVED AS INTERIM PRESIDENT OF MILTON HERSHEY SCHOOL FROM AUGUST 2013 THROUGH JULY 2014 He served as Executive Vice President of Hershey Trust Company through April 2016 A PORTION OF HIS 2015 COMPENSATION AND BENEFITS REPORTED BY HERSHEY TRUST COMPANY WAS REIMBURSED BY MILTON HERSHEY SCHOOL ERIC HENRY MR HENRY WAS APPOINTED ACTING TREASURER OF MILTON HERSHEY SCHOOL AND HERSHEY TRUST COMPANY (EIN 23-0692150)IN AUGUST 2012 He also serves as the Chief Executive Officer and Chief Investment Officer of Hershey Trust Company HE ALSO SERVES ON THE BOARD OF HERSHEY ENTERTAINMENT & RESORT CO (EIN 23-0691815)AND RECEIVES NO COMPENSATION FOR THIS SERVICE NONE OF HIS COMPENSATION, EMPLOYEE BENEFIT CONTRIBUTIONS OR NON-TAXABLE BENEFITS WAS PAID BY MILTON HERSHEY SCHOOL & SCHOOL TRUST THOMAS A K QUEENAN MR QUEENAN SERVED AS CHIEF FINANCIAL OFFICER OF MILTON HERSHEY SCHOOL AND SCHOOL TRUST, AN OFFICER OF MI

Software ID: Software Version: EIN: 23-1353340 Name: MILTON HERSHEY SCHOOL AND SCHOOL TRUST

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Par	't I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compen	sated Employees	i		
(A) Name and Title			f W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1ROBERT F CAVANAUGH BOARD OF MANAGERS	(1)				0	0	0	0	
BOARD OF THANAERO	(11)	272,500	0	0	135,000		407,500	0	
1JAMES M MEAD	(1)				0	0	107,500	0	
BOARD OF MANAGERS									
	(11)	237,500			135,000	-	- 372,500	0	
2JAMES E NEVELS	(1)				0	0	0	0	
BOARD OF MANAGERS	(11)	247,578		136,093	135,000			135,000	
		— · · · , - · · -	0	120,093	155,000	0	- 518,671	155,000	
3 VELMA A REDMOND ESQ BOARD OF MANAGERS	(1)				0	0	0	0	
	(11)	158,250			0			0	
						0	158,250		
4JOSEPH M SENSER BOARD OF MANAGERS	(1)				0	0	0	0	
	(11)	246,500			0			0	
5ELLIOTT H ROBINSON	(1)	220,947				0	246,500		
VP ADMINISTRATION	['']	220,947	0	35,597	55,114	28,715	340,373	0	
	(11)	0	0	0	0	-	-	0	
6JOAN K SINGLETON	(1)	213,351	0	31,871	49,203	27,525	321,950	0	
VP HUMAN RESOURCES				51,0/1	49,203				
	(11)	U	0	0	0	-	- 0	0	
7PETER G GURTPRESIDENT	(1)	332,870	99,000	14,852	52,715	80,350	579,787	0	
	(11)								
	[''']	0	0	U	U	0	- 0	0	
8 GAYLA MOLINELLI TREASURER to 2/11	(1)	0	0	0	0	0	0	0	
	(11)	221,824	42,965	4,366	39,750			0	
			+2,503			10,409	319,314		
9LISA RASHID VP - COMMUNICATIONS	(1)	169,617	0	320	36,965	35,394	242,296	0	
	(11)	0	0	0	0			0	
10ROBERT L FEHRS		155 251				0	0		
HEAD-MIDDLE DIVISION	(1)	155,351	0	17,430	25,922	24,953	223,656	0	
	(11)	0	0	0	0	-	-	0	
11ANNETTE K COLE GILL	(1)	189,213	0	5,244	29,535	26,957	250,949		
HEAD-ELEMENTARY DIVISION						20,937			
	(11)	0	0	0	0	- 0	- 0	0	
12BETH J SHAW	(1)	197,244	0	460	29,971	26,887	254,562	0	
EXEC DIRECTOR- STUDENT SUPPORT	(11)								
		0	0	0	U	0	0	0	
13TIMOTHY C FAKE SR DIRECTOR IT	(1)	166,593	0	523	25,218	10,465	202,799	0	
	(11)	0	0	0	0			0	
			-	_	-	0	0		
14JOHN J OSMOLINSKI SR DIR CONSTRUCTION/FAC	(1)	149,464	0	904	22,868	26,777	200,013	0	
	(11)	0	0	0	0		-	0	
15STEPHEN MARK SEYMOUR		150.740				0	0		
SR DIR ENROLL MGT/FAMIL	(1)	150,740	0	284	23,100	28,003	202,127	0	
	(11)	0	0	0	0	-	-	0	
16	(1)	153,538	0	192	20,433	28,199	202,362	0	
ERICA M WEILER-TIMMONS DIR PSYCHOLOGICAL								·	
SERVICE	(11)	U	0	0	0	- 0	- 0	0	
17MARC A WOOLLEY ESQ SECRETARY TO 6/30/2016	(1)	0	0	0	0	0	0	0	
SECKETART TO 0/30/2010	(III)	401,015	25,000	2,550	18,550				
			23,000	2,530	10,000	3,955	451,070	0	
18JOHN ESTEY ESQ INTERIM PRESIDENT to 7/14	(1)	0	0	0	0	0	0	0	
	(11)	630,532	0	22,823	18,550	 -		0	
						24,580	696,485		
19 ERIC HENRY ACTING TREASURER	(1)	0	0	0	0	0	0	0	
	(11)	498,345	850,000	1,719	35,000			0	
			1	1		16,973	1,402,037	<u> </u>	

Torin 330, Schedule 3, P				.y Employees/and	a mgnest compen	Satea Employees		
(A) Name and Title		(B) Breakdown o	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
21ANDREW H CLINE VP LEGAL AFFRS/GEN	(1)	254,253	0	5,736	51,527	28,974	340,490	0
COUNSL	(11)	0	0	0	0	-	- 0	0
1THOMAS A K QUEENAN CHIEF FINANCIAL OFFICER	(1)	0	0	0	0	0	0	0
to6/16	(11)	289,614	43,105	4,557	18,550	- 20,729	- 376,555	0
2FREDA F MARTINE VP OF EDU AND STUDENT	(1)	157,855	0	727	61,933	27,805	248,320	0
ЦFЕ	(11)	0	0	0	0		- 0	0
3DAVID C MILLER JR SR DIR RISK MANAGEMENT	(1)	153,134	0	588	7,882	18,480	180,084	0
	(11)	0	0	0	0	- 0	- 0	0
4WILLIAM H WEBER III HEAD OF SR DIVISION	(1)	150,447	0	235	16,874	27,333	194,889	0
	(11)	0	0	0	0	- 0	- 0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

efile GRAPHI	C print - DO	NOT PROCI	ESS A	s Filed Dat	ta -				DLN:	9349	31660	02117	
Schedule L Form 990 or 990		Transactions with Interested Persons						OMB No 1545-0047					
FORM 990 OF 990	J-EZ)	"Yes" on	 Complete if the organization answered Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. 					.5					
Pepartment of the reasury Pepartment of the www.irs.gov/form990.								Open to Public Inspection					
nternal Revenue Sen							Er	nploye	er identi	ficatio	n numbe	r	
MILTON HERSHEY S	SCHOOL AND SCHOO	L TRUST						 - 1	2240				
Part I Exce	ss Benefit Tr	ansaction	s (sectio	n 501(c)(3), s	ection 501(c)	(4), and 501(3 - 1 3 5 organ		only)			
Compl	lete if the organi	zation answei	red "Yes"	on Form 990,	Part IV , line 2	25a or 25b, or	Form	990-E	Z, Part	V , line			
1 (a) Name	e of disqualified	person	(b) R) Relationship between disqualified person and organization			d ((c) Description of transaction			(d) Cor Yes	rected?	
				-	- <u>g</u>						Tes		
							_						
							_						
												<u> </u>	
2 Enter the ar	mount of tax inci	urred by orga	nızatıon n	nanagers or du	squalified pers	sons during the	e year	under	section			1	
4958							• •	• •	▶ \$				
3 Enter the ar	mount of tax, If a	ny, on line 2,	above, re	eimbursed by t	he organizatio	on	•	• •	▶ \$				
(a) Name of Interested person	(b) Relationship with organization	ith Purpose of or	(d) Loar or from f organizat	the	(e) O riginal principal amount	(f) Balance due		b		(h) Approved by board or committee?		(i)Written agreement?	
			То	From	-		Yes	No	Yes	No	Yes	No	
												+	
												+	
											_		
otal		► \$											
	nts or Assist		efiting I	nterested	Persons.								
Corr	nplete if the or			d "Yes" on F	orm 990, Pa								
(a) Name of in persor) Relationshi erested perso	on and the		t of assistanc	e (d) Type	ofassi	istanc	e (e)	Purpo	se of ass	sistance	
		organizal											
or Paperwork Red	uction Act Notice	, see the Instr	ructions fo	r Form 990 or	990-EZ.	Cat No 50056A		Sche	dule L (F	orm 99	0 or 990	-EZ) 201	

Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (d) Description of transaction (e) Sharing (a) Name of interested person (b) Relationship (c) A mount of between interested transaction of person and the organization's organization revenues? Yes No (1) RIVERBRIDGE PARTNERS LLC SUBSTANTIAL 500,814 INVESTMENT MANAGEMENT No CONTRIBUTOR FFFS 781,147 INVESTMENT MANAGEMENT (2) JK MILNE ASSET MANAGEMENT LLC SUBSTANTIAL No CONTRIBUTOR FEES Part V

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

efile GRAPHIC pr	int - DO NOT PROCESS As Filed Data -	DLN: 93493166002117
SCHEDULE O	Supplemental Information to Form 990 or	
(Form 990 or 990-EZ)	Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional information	on.
Department of the Treasury Internal Revenue	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instr www.irs.gov/form990. 	Open to Public uctions is at Inspection
Service		

Name of the organization MILTON HERSHEY SCHOOL AND SCHOOL TRUST Employer identification number

23-1353340

Return Reference	Explanation
Form 990, Part I, Line 1 & Form 990, Part II, Line 1	MILTON HERSHEY SCHOOL & SCHOOL TRUST MISSION Unable to have children of their ow n, Milton and Catherine Hershey signed the Deed of Trust establishing Milton Hershey School in 1909 For more than 100 years, the mission of the School has remained the same-to provide a nur turing home and school to children in need MILTON HERSHEY SCHOOL SERVES AS A HOME AND SCH OOL FOR APPROXIMATELY 2,024 STUDENTS IN GRADES PRE-K THROUGH 12 THE SCHOOL AIMS TO PROVID E EACH OF THEM WITH A MAZING OPPORTUNTIES FOR LEARNING AND DEVL OPMENT INSIDE AND OUTSDE THE CLASSROOM OUR PROGRAMS TAKE A WHOLE CHILD APPROACH AND REMAIN TRUE TO OUR DEED OF TRUST, AS WE WORK EVERY DAY TO NURTURE AND EDUCATE CHILDREN SO THEY CAN LEAD FULFILLING AND PRODUCTIVE LIVES STUDENTS IN VEIN 173 HOMES ACROSS CAMPUS THESE STUDENT HOMES ARE DESIGNE D TO PROVIDE SAFE AND SUPPORTIVE EDVIRONMENTS FOR 8-12 STUDENTS OF ISMILAR AGES AND THE SA ME GENDER, UP UNTIL THEIR SENIOR YEAR HEALTHY LIVING AND PERSONAL WELLINESS ARE AN IMPORTA NT PART OF THE CURRICULUM AT ALL GRADE LEVELS, AND STUDENTS RECEIVE MEDICAL AND DENTAL CAR E AT NO COST TO THEIR FAMILIES STUDENT GROWTH AND LEARNING IS FORTHED BY FOCUSING NOT O NLY ON INTELLECTUAL DEVELOPMENT, BUT ALSO ON EMOTIONAL, SOCAL, AND SRITULAL ENRICHMENT CHILDREN AT MILTON HERSHEY SCHOOL RECEIVE A PREMER EDUCATION, WITH SMALL CLASS SIZES AVER AGING 15 STUDENTS THEY ALSO HAVE ACCESS TO CAREENTECHNICAL AND EXTRACURRICULAR OPPORTUNI TIES UNOBTAINABLE IN THER HOME COMMUNITES THE SCHOOL PROVIDES CHILDREN WITH VALUABLE NU RTURING RELATIONSHIPS AND THE CRITICAL TOOLS THEY NEED NOT ONLY TO OVERCOME THE CIRCUMSTAN CES OF POVERTY, BUT TO GUIDE THEM TOWARD SUCCESS IN TODAY'S COMPETITIVE AND CHALLENGING WO RLD STUDENT TEST SCORES ARE JUST ONE INDICATE THAN STATE AVERAGES ON STANDARDIZ ED TESTING AND RANKING EXCEPTIONALLY HIGHER THAN STUDENTS TREM SIMILAR SOCIO-ECONOMIC STAT US MHS SETS ITS SIGHTS HIGH BY ADOPTING THE STATE TARGETS AS A MINIMUM GOAL AND HAS OUT-P ERFORMED STATE AVERAGES AND SCORES OF SOME PREMIER SCHOOL DISTRICTS EGHTY ON PRE

Return Reference	Explanation
FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1	BUILDS THEIR CONFIDENCE THE SCHOOL CARES FOR ITS STUDENTS 24 HOURS A DAY AND OPERATES YEA R ROUND, INCLUDING HOLIDAYS AND THE SUMMER MONTHS WHILE MANY SCHOOLS CLOSE DOWN FOR THE SUMMER, STUDENTS AT MILTON HERSHEY SCHOOL CONTINUE TO LEARN THROUGH THE SCHOOL'S OPTIONAL Y EAR ROUND EXPERIENCE (YRE) PROGRAM STUDENTS WHO CHOOSE TO STAY ON CAMPUS DURING SUMMER BR EAK ARE PROVIDED WITH A NUMBER OF ENRICHMENT LEARNING OPPORTUNITIES FROM A SUZUKI FESTIVA L FEATURING ART, MUSIC, AND DANCE TO OPPORTUNITIES TO WORK ALONGSIDE VOLUNTEER FIREFIGHTER S IN NON-EMERGENCY ENVIRONMENTS, A WIDE RANGE OF PROGRAMS TO SUIT ALL INTERESTS ARE OFFERE D ON AND OFF CAMPUS SIX WEEKS ARE PACKED FULL OF LEARNING EXPERIENCES AND ADVENTURES IF YOU ASK THE CHILDREN, MANY SAY THE TIME GOES BY VERY QUICKLY SEVENTY ONE PERCENT OF STUDE NTS PARTICIPATED IN YRE PROGRAMMING IN THE 2015-2016 SCHOOL YEAR THE MAJORITY OF STUDENTS WHO ENROLL AT MHS REQUIRE MORE INTENSIVE SUPPORT IN ALL AREAS OF THEIR LIVES, AND THESE S UPPORTS REQUIRE SIGNIFICANT RESOURCES THE SCHOOL PROVIDES ALL "WRAP-AROUND" SERVICES (MED ICAL, DENTAL, PSYCHOLOGICAL, FAMILY-LIKE ENVIRONMENT, LODGING, FOOD, COTHING, TRANSPORTAT ION, ETC) AT NO COST TO FAMILIES THE MAIN GOAL FOR ALL OF OUR STUDENTS IS THAT THEY LEAV E THE SCHOOL WELL- PREPARED TO ENTER SOCIETY AS PRODUCTIVE CITIZENS WE WANT ALL ENROLLED A T MHS TO BE GOOD STUDENTS, BUT WE ALSO WANT THEM TO BE GOOD PEOPLE, GOOD EMPLOY ES AND RES PONSIBLE MEMBERS OF THEIR COMMUNITIES FORM OF ORGANIZATION MILTON HERSHEY SCHOOL AND SCHOOL TRUST IS AN INTEGRATED TAX- EXEMPT ORGANIZATION COMPOSED OF THE NOT-FOR-PROFIT CORPORATION, MILTON HERSHEY SCHOOL, ACTING AS MANAGER UNDER THE DEED OF TRUST, AND THE TRUST ITSELF. THIS INFORMATIONAL RETURN IS REQUIRED TO INCLUDE THE EXPENSES OF THE ORGANIZATION AS A WHOLE, WITH DETAIL AS REQUIRED BY THE FORM INSTRUCTIONS AS A RESULT, THIS RETURN INCLUDES ALL EXPENSES OF SERVING THE STUDENTS ENROLLED IN THE SCHOOL AND SCHOOL ARSHIP COSTS FOR ALLUM IN PURSUING CONTINUUNG EDUCATION, AS WELL AS THE COSTS ASSOCA

Return Reference	Explanation
Form 990, Part II	PROGRAM SERVICE ACCOMPLISHMENTS MILTON HERSHEY SCHOOL SEEKS TO NURTURE AND EDUCATE THE "WH OLE CHLID" WHICH MEANS THE SCHOOL AND SCHOOL TRUST PROVIDE FOR EACH CHLID IN A COMPREHENSI VE MANNER - COVERING THE EXPENSES OF BUT NOT LIMITED TO THE FOLLOWING - THE EDUCATION OF STUDENTS IN STATE-OF-THE- ART CLASSROOMS WITH SWALL CLASS SIZES AVERAGING 15 STUDENTS PER CLASSROOM - THE PHY SICAL, DENTAL, AND PSY CHOLOGICAL CARE OF ALL STUDENTS - CLOTHING, FOOD, AND ROOM AND BOARD - CAREER-TECHNICAL TRAINING, COLLEGE COURSES BEFORE GRADUATION, VISUAL AND PERFORMING ARTS, MUSICAL INSTRUCTION, ATHLETIC PROGRAMS AND CAMPS, AND ENVIRONMENTAL AND A GRICULTURAL EDUCATION OFTEN STUDENTS WHO COME TO THE SCHOOL HAVE FALLEN AT LEAST ONE OR TW O GRADE LEVELS BEHIND BECAUSE OF FACTORS RELATED TO POVERTY, SUCH AS HOMELESSNESS, FAMILY DRUG AND ALCOHOL ADDICTION, OR MENTAL ILLNESS FORTY-TWO PERCENT OF STUDENTS HAVE ATTENDED MORE THAN THREE DIFFERENT SCHOOLS BEFORE ARRVING AT MHS FIFTY PERCENT HAVE EXPERIENCED DRUG AND ALCOHOL ABUSE IN THEIR FAMILY, FORTY-THREE PERCENT HAD MENTAL HEALTH ISSUES IN TH BR FAMILES, AND THIRTY-FIVE PERCENT HAVE EXPERIENCED NEICHBORHOOD VIOLENCE STUDENTS REG GIVEN PBY CHOLOGICAL AND BONTONAL SUPPORT WHEN NEEDED, AND CLOSE TO SIGHTY-INIE PERCENT O F STUDENTS RECEIVE ANYWHERE FROM ONE TO NINE SPECIALTY SERVICES LEVEN PERCENT RECEIVE TE N OR MORE SERVICES, WHILE LESS THAN ONE PERCENT OF STUDENTS RECEIVE NORE. A RIGOROUS ACADE MIC PROGRAM HELPS TO BRING STUDENTS UPTO GRADE LEVEL, AND THE AGGRESSIVE ACADEMIC SUPPORT S BRING MEASURABLE RESULTS. STUDENTS OUTFERFORM PEERS IN MOST SUBJECT AREAS ON STATE STAND ARDIZED TESTING IN FACT, MHS TEST SCORES ARE COMPARABLE TO SOME OF PENNSYLVANIA'S TOP SCH OUE DISTRCTS A STRUDE FOR LIFE BEY OND MILTON HERSHEY SCHOOL FOR THE PAST SEVEN YEARS, EVERY GRADUATING SENIOR EARNED AT LEAST ONE INDUSTRY CERTIFICATION BY PASSING AN INDUSTRYAPPROVED TEST IN THEIR AREA OF STUDY. DURING THE 2015- 2016 SCHOOL YEAR EVERY GRAD UATING SENIOR EARNED AT LEAST TWO INDUSTRY ORTHER AREA DESTUDY TRACE

Return Reference	Explanation
Form 990, Part II	CE OR MEDICATION DURING SCHOOL YEAR 2014-15, THERE WERE 134,228 HEALTH SERVICE VISITS BY STUDENTS TO THE SCHOOLS MEDICAL PROFESSIONALS DURING THE REPORTING YEAR, IN ADDITION TO 45,176 DENTAL PROCEDURES PERFORMED ON STUDENTS IT IS NOT RARE TO HAVE A HIGH SCHOOL STUDENT ARRIVE AT MILTON HERSHEY AND HAVE THEIR FIRST TRIP TO THE DENTIST BE AT THE MHS CAMPUS CL INIC This tuition-free, comprehensive program, including physical care as well as educati onal programming in academic, home life and community/career settings, costs approximately \$78,565 per year (Total Program Expenses less depreciation and continuing education scho larship divided by the number of students including depreciation and continuing education scholarship, the cost is \$100,797) A PREMIER BOARDING SCHOOL LIKE MHS, OFFERING SIMILAR ACADEMIC PROGRAMMING AND SMALL CLASS SIZES, CHARGES APPROXIMATELY \$60,000 PER YEAR WITHOUT PROVIDING PERSONAL EFFECTS LIKE CLOTHING, TECHNOLOGY, TRANSPORTATION, OR EXTRACURRICULAR ACTIVITIES LIKE SPORTS, VISUAL AND PERFORMING ARTS, AND INTERNSHIPS ADDITIONALLY, MHS ASS UMES THE COST FOR MEDICAL PSY CHOLOGICAL, DENTAL, ORTHODONTIC, SOCIAL WORK, AND PRESCRIPTIO N CARE FOR EACH STUDENT COSTS AT MOST PRIVATE COLLEGES ALSO EXCEED THIS FIGURE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY/BUSINESS RELATIONSHIP SEVERAL OF THE BOARD OF MANAGERS MEMBERS AND OFFICERS OF THE FILING ORGANIZATION ALSO SERVE AS DIRECTORS AND OFFICERS OF BUSINESS ENTITIES THAT ARE RELATED TO THIS FILING ORGANIZATION OTHER THAN THEIR OVERLAPPING SERVICE ON RELATED COMPANY BOARDS, THEY HAVE NO FAMILY OR BUSINESS RELATIONSHIPS WITH EACH OTHER PLEASE SEE FORM 990, SCHEDULES J AND R FOR FURTHER INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF MEMBERS OF GOVERNING BODY THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST HAVE A UNIQUE, SELF-PERPETUATING, INTERLOCKING AND INTEGRATED GOVERNANCE STRUCTURE MR AND MRS HERSHEY ORGANIZED THE SCHOOL IN THE FORM OF A TRUST (THE "SCHOOL TRUST") CREATED UNDER AN ORIGINAL 1909 DEED OF TRUST THAT, AS AMENDED, STILL GOVERNS THE OPERATION OF THE SCHOOL THE DEED OF TRUST SETS FORTH THE RESPECTIVE POWERS AND AUTHORITIES OF THE TRUSTEE AND INDIVIDUAL MANAGERS OF THE SCHOOL AND NAMES THE HERSHEY TRUST COMPANY ("HTC"), A STATE CHARTERED TRUST COMPANY, AS TRUSTEE FOR COMPENSATION OF NO MORE THAN \$1,000 PER YEAR UNDER THE DEED OF TRUST, THE TRUSTEE IS DIRECTED TO HOLD TITLE TO ALL SCHOOL PROPERTY AND ALL INVESTMENTS AND ASSETS THAT SUPPORT THE SCHOOL THE INDIVIDUAL MANAGERS, IN TURN, ARE NOT PERMITTED TO HOLD SCHOOL ASSETS, BUT ARE OTHERWISE GENERALLY RESPONSIBLE FOR MANAGING THE SCHOOL, INCLUDING WITH RESPECT TO ADMISSIONS, THE PROGRAM OF EDUCATING AND FULL-TIME CARING FOR THE CHILDREN, AND EMPLOYMENT DECISIONS AS REQUIRED UNDER THE DEED OF TRUST, THE MEMBERS OF THE BOARD OF MANAGERS OF THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST ARE APPOINTED BY THE TRUSTEE FROM AMONG THE TRUSTEES OWN BOARD OF DIRECTORS SINCE MR HERSHEY'S DEATH IN 1945, ALL OF THE STOCK OF HTC HAS BEEN OWNED BY THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST FROM AMONG HTC'S OWN BOARD OF MANAGERS OF THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST FROM AMONG HTC'S OWN BOARD OF MANAGERS OF THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST FROM AMONG HTC'S OWN BOARD OF MANAGERS OF THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST FROM AMONG HTC'S OWN BOARD OF MANAGERS OF THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST FROM AMONG HTC'S OWN BOARD OF DIRECTORS THE SAME NINDIVIDUALS (AS OF 7/

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS THE FORM 990 IS REVIEWED BY MILTON HERSHEY SCHOOL AND SCHOOL TRUST MANAGEMENT AND BY MILTON HERSHEY SCHOOL AND SCHOOL TRUST'S INDEPENDENT TAX ADVISOR, WHO SIGNS THE RETURN AS THE "PAID PREPARER" THE AUDIT COMMITTEE OF THE BOARD OF MANAGERS REVIEWS AND DISCUSSES THE FORM 990 AT ONE OF ITS SCHEDULED MEETINGS PRIOR TO FILING THE RETURN WITH THE IRS ADDITIONALLY, THE FORM 990 IS PROVIDED TO THE FULL BOARD OF MANAGERS, NOTING KEY DISCLOSURES, PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST THE BOARD OF MANAGERS OPERATES UNDER A CONFLICT OF INTEREST POLICY WHICH REQUIRES DIRECTORS TO DISCLOSE "ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST" WITH MILTON HERSHEY SCHOOL OR HERSHEY TRUST COMPANY THE CONFLICTS POLICY CANNOT BE MODIFIED OR AMENDED WITHOUT THE PROR WRITTEN APPROVAL OF THE PENNSYLVANA OFFICE OF ATTORNEY GENERAL ("PA OAG") THE CONFLICT OF INTEREST POLICY COVERING THE MANAGERS OF THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST AND THE DIRECTORS OF HERSHEY TRUST IS DOCUMENTED IN THER GOVERNANCE GUIDELINES MANUAL AND IS ALSO POSTED ON THE MILTON HERSHEY SCHOOL WEBSITE THE CONFLICT OF INTEREST POLICY COVERING OFFICERS AND OTHER KEY EMPLOYEES OF MILTON HERSHEY SCHOOL IS DOCUMENTED IN MILTON HERSHEY SCHOOL'S CONFLICT OF INTEREST POLICY AND CODE OF ETHICS THE CONFLICT OF INTEREST POLICY COVERING OFFICERS AND OTHER KEY EMPLOYEES OF MILTON HERSHEY SCHOOL IS DOCUMENTED IN MILTON HERSHEY SCHOOL'S CONFLICT OF INTEREST POLICY AND CODE OF ETHICS THE CONFLICT OF INTEREST POLICY COVERING OFFICERS AND OTHER KEY EMPLOYEES OF MILTON HERSHEY SCHOOL SCHOOL TRUST, IS DOCUMENTED IN HERSHEY TRUST COMPANY'S ETHICAL STANDARDS, CONFLICT OF INTEREST, AND CODE OF CONDUCT SECTIONS OF ITS POLICY MANUALS EACH MANAGER, DIRECTOR, OFFICER AND KEY EMPLOYEE IS REQUIRED TO AVOID ALL ACTIVITY THAT COULD CREATE A CONFLICT OF INTEREST OR EVEN GIVE AND APPEARANCE OF A CONFLICT OF INTEREST ANY CONFLICT ANNUALLY EACH MANAGER, DIRECTOR, OFFICER AND KEY EMPLOYEE IS REQUIRED TO COMPLETE AN ANNUAL STATEMENT OF DISCLOSURE THE FORMS IDENTIFY VENDORS, INVESTMENTS, OTHER BOARD MEMBERSHIPS, AND FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST THE STATEMENTS ARE REVIEWED BY THE INTERMIC COMPLIANCE DIRECTOR AND GENERAL COUNSEL OF HERSHEY TRUST COMPANY ALONG WITH THE CHAIR OF THE NOMINATING & GOVERNANCE COMMITTEE IN ORDER FOR THEM TO BE AWARE OF ACTIVITIES THAT COULD GIVE RISE TO CONFLICTS OF INTEREST THE RESULTS OF THIS REVIEW ARE THEN DOCUMPANTE AND SHARED WITH THE NOMINATING & GOVERNANCE COMMIT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A AND 15B	COMPENSATION PROCESS AN INDEPENDENT COMPENSATION CONSULTANT EVALUATES AND COMPARES THE COMPENSATION OF THE OFFICERS AND SENIOR DIRECTORS OF MILTON HERSHEY SCHOOL AND SCHOOL TRUST TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS TO DETERMINE THAT IT IS FAIR AND REASONABLE. THIS PROCESS OCCURS AT THE INITIAL HIRE OF THE OFFICER/SENIOR DIRECTOR AND AT REGULAR INTERVALS THEREAFTER, BUT NOT LESS FREQUENTLY THAN EVERY FIVE YEARS THE COMPENSATION INFORMATION IS REVIEWED AND APPROVED BY THE BOARD OF MANAGERS, THE GOVERNING BODY OF THE MILTON HERSHEY SCHOOL, WHO DO NOT HAVE ANY CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR DIRECTORS. THE REVIEW OF THE COMPENSATION OF THE OFFICERS AND SENIOR DIRECTORS, INCLUDING DETAIL ON THE DELIBERATIONS AND DECISIONS, IS CONTEMPORANEOUSLY DOCUMENTED WITHIN THE MINUTES FROM THE BOARD MEETING A FLE WITH POSITION DESCRIPTIONS, RESUMES OF OFFICERS AND SENIOR DIRECTORS, INCLUDING DETAIL ON THE DELIBERATIONS AND DECISIONS, IS CONTEMPORANEOUSLY DOCUMENTED WITHIN THE MINUTES FROM THE BOARD MEETING A FLE WITH POSITION DOSCRIPTIONS, RESUMES OF OFFICERS AND SENIOR DIRECTORS, THE REPORT OF THE INDEPENDENT COMPANY AND A COPY OF THE APPLICABLE BOARD MINUTES IS MAINTAINED BY THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST THE COMPENSATION OF THE OFFICERS (INDICABLE) BY THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST THE COMPENSATION OF THE STATUTORY OFFICERS (INDICABLE) THE COMPENSATION OF THE STATUTORY OFFICERS (INDICABLE) THE COMPENSATION OF THE STAR AND REASONABLE THE COMPENSATION OF THE STATUTORY OFFICERS (INDICABLE) BY PRIODIC REVIEW (GENERALLY, AT LEAST EVERY Y YEARYS BY THIRD PARTY COMPENSATION CONSULTANTS TO DETERMINED BY PERIODIC REVIEW (GENERALLY, AT LEAST EVERY Y STARS) BY THE DOARD OF DIRECTORS OF HERSHEY TRUST COMPANY IN ACCORDANCE WITH SECTION 5 OF THE STATUTORY OFFICERS (INDICABLE) THE STATUTORY OFFICERS (INDICABLE) PROVES COMPANY IN ACCORDANCE WITH SECTION OF THE STATUTORY OFFICERS AND KEY EM

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 17	STATE FILING OF FORM 990 THE FORM 990 IS NOT REQUIRED TO BE FILED IN THE STATE OF PENNSY LVANIA, HOWEVER, A COPY IS PROVIDED TO THE PENNSY LVANIA OFFICE OF THE ATTORNEY GENERAL FOR THEIR REVIEW

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS THE DEED OF TRUST ESTABLISHING THE MILTON HERSHEY SCHOOL TRUST AND THE CONFLICT OF INTEREST POLICY ARE POSTED ON THE MILTON HERSHEY SCHOOL WEBSITE. THE MILTON HERSHEY SCHOOL AND SCHOOL TRUST HAS ITS FORM 990 POSTED ON ANOTHER WEBSITE, GUIDESTAR INCLUDED IN THE 990 ARE CERTAIN FINANCIAL STATEMENT COMPONENTS FOR REVIEW THE FORM 990 AND TAX EXEMPTION LETTER ARE PROVIDED TO ANY ONE WHO REQUESTS THEM IN ACCORDANCE WITH IRS REGULATIONS

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICE THIS AMOUNT IS FOR HOSPITAL, MEDICAL, AND DENTAL SERVICES PROVIDED FOR THE STUDENTS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS INCREASE IN UNRECOGNIZED PENSION SERVICE COST \$25,013,014

Return Reference	Explanation
FORM 990, PART VII, SECTION B	Hershey Trust Company is listed as an Independent Contractor Milton Hershey School reimburses Hershey Trust Company for the shared services (compensation and benefits) of certain individuals who perform services for both Hershey Trust Company and Milton Hershey School

efile GRAPHIC print -	DO NOT PROCESS As Filed Data -					DLN: 934931	.66007	2117
SCHEDULE R (Form 990)	Related O ► Complete if the organ	rganizations a		=		омв № 1 20		
Department of the Treasury Internal Revenue Service		mation about Schedul				om 990. Open to		_
Name of the organization					Employer ide	ntification number	ccion	
MILTON HERSHEY SCHOOL AND SCH	HOOL TRUST				23-1353340)		
Part I Identificatio	on of Disregarded Entities Complete	If the organization	answered "Yes" on	n Form 990, Part	IV, line 33.			
Name, address, and EIN	(a) I (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) MHST CORPUS LLC PO BOX 445 HERSHEY, PA 17033 27-1451942		RE RENTAL	PA	719,117	9,850,357	MHS TRUST		
(2) MHST INCOME LLC PO BOX 445 HERSHEY, PA 17033 27-1451914		RE RENTAL	PA	0	0	MHS TRUST		
	n of Related Tax-Exempt Organizat ed tax-exempt organizations during the	tax year.	-	-				
Name, address, an	(a) d EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	(e) Public charity sta (if section 501(c))		Section (13) co	g) 512(b) ontrolled aty? No
(1)THE MS HERSHEY FOUNDATION PO BOX 445	N E	EDUCATION	РА	501(c)(3)	9	HTC TRUSTEE		No
HERSHEY, PA 17033								
23-6242734 (2)THE WILLIAM E DEARDEN ALUM PO BOX 830	INI CAMPUS INC	SVCS TO ALUM	PA	501(c)(3)	7	NA		No
HERSHEY, PA 17033 20-2579678								
(3)HERSHEY CEMETERY COMPANY PO BOX 445	(CEMETERY	PA	501(c)(13)	N/A	NA		No
HERSHEY, PA 17033 23-1973529								
(4)Hershey Cemetery Perpetual M PO Box 445	aintenance	Cemetery	PA	501(c)(13)	N/A	HTC Trustee		No
Hershey, PA 17033 23-6629638							<u> </u>	ļ
							<u> </u>	
For Paperwork Reduction Act	Notice, see the Instructions for Form 990.		Cat No 5013	35Y	1	Schedule R (Forn	n 990) 2	015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal Direct domicile controlling (state entity or foreign	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	ed, income	(g) Share of end- of-year assets		irtionate itions?	amount in	managing 1 partner?)		(k) Percentage ownership
				EVOLUEED		21.001.050	Yes	No		Yes		
(1) LEGATO INTERNATIONAL EQUITY FUND LP 111 PINE STREET SUITE 1700 SAN FRANCISCO, CA 94111 46-3960133	INVESTMENTS	СА		EXCLUDED FROM TAX	396,181	21,801,859		No	0		No	100 000 %
(2) BLKRK S&P 100 INDEX NON-LENDABLE FUND 400 HOWARD STREET SAN FRANCISCO, CA 94105 80-0861106	INVESTMENTS			EXCLUDED FROM TAX	11,305,067	188,376,243		No	0		No	98 000 %
EATON VANCE TRUST CO HIGH YIELD (3) CTF TWO INTERNATIONAL PLACE BOSTON, MA 02110	INVESTMENTS	MA	MHS TRUST	EXCLUDED FROM TAX	5,035,644	93,450,822		No	0		No	100 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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 entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(I) Section (b)(1 contro entit	1512 13) Illed 19?
(1) HERSHEY TRUST COMPANY	STATE TRUST C	PA	HTC TRUSTEE	C CORP	23,775,383	47,090,133	100 000 %	Yes Yes	No
PO BOX 445 HERSHEY, PA 17033 23-0692150									
(2) HERSHEY ENTERTAINMENT & RESORTS CO	ENTERTAINMENT	PA	HTC TRUSTEE	C CORP	290,066,793	313,455,370	100 000 %	Yes	
27 W CHOCOLATE HERSHEY, PA 17033 23-0691815									
(3)THE HERSHEY CO 100 CRYSTAL A DR	CONFECTIONARY	PA	HTC TRUSTEE	C CORP	1,286,648,770	1,816,554,107	81 170 %	Yes	
HERSHEY, PA 17033 23-0691590									
(4) MILTON HERSHEY SCHOOL BLK TRUST BLACKROCK INST TR TTE 400 HOWARD S SAN FRANCISCO, CA 94105 30-6349039	INVESTMENTS	CA	MHS TRUST	TRUST	67,436,035	1,269,235,743	100 000 %	Yes	

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Page	3
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v	Transactions With Related Organizations	Complete if the organization answered	l "Yes" on Form 990	Part IV line 34 35b or 36
	Transactions with Related Organizations	complete il the organization answered		, rarriv, me 57, 550, 0, 50.

Pa	rt V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Ye	es No
1 Di	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity	Ye	2S
b	Gift, grant, or capital contribution to related organization(s)		No
с	Gift, grant, or capital contribution from related organization(s)	Ye	25
d	Loans or loan guarantees to or for related organization(s)		No
е	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)	Ye	es
g	Sale of assets to related organization(s)	Ye	s
h	Purchase of assets from related organization(s).	Ye	s
i	Exchange of assets with related organization(s)		No
	Lease of facilities, equipment, or other assets to related organization(s)		No
_			+
	Lease of facilities, equipment, or other assets from related organization(s)		No No
	Performance of services or membership or fundraising solicitations for related organization(s)		
 m	Performance of services or membership or fundraising solicitations by related organization(s)	1	No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	No
	Sharing of paid employees with related organization(s)	Ye	25
D	Reimbursement paid to related organization(s) for expenses	Ye	s
q	Reimbursement paid by related organization(s) for expenses	_	s
-1			+
r	Other transfer of cash or property to related organization(s)		No
	Other transfer of cash or property from related organization(s)	_	s
-			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37.

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 EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	ate 2	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	-	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
												1			

Schedule R (Form 990) 2015

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation			
SCHEDULE R, PART I	Explanation Disregarded Entities The Milton Hershey School and School Trust own 100% of MHST Corpus LLC and MHST Income LLC Both are Pennsylvania single-member limited liability companies The LLCs' principal activity are the acquisition, holding and development of rent-producing real estate, and their principal source of revenue is rent They are disregarded single-member LLCs for tax purposes MHST Corpus LLC holds investment real estate, MHST Income LLC does not currently have any assets or income All of MHST Corpus LLC's rental income and expenses are included in the Milton Hershey School and School Trust's financial statements SCHEDULE R, PART II RELATED TAX-EXEMPT ORGANIZATIONS The M S Hershey Foundation (EIX 32-622734) is a Pennsylvania norprofit that is exempt from Federal income tax pursuant to Internal Revenue Code Section 501(c)(3) Milton Hershey funded the Foundation in 1935 and appointed Hershey Trust Company as tis trustee. The Foundation has several operations in Hershey, Pennsylvania norprofit that is exempt from Federal income tax pursuant to INTERNAL REVENUE CODE Section 501(c)(13) Hershey Trust Company or the foundation are appointed by the Hershey Trust Company, in its capacity as trustee, from among its own board of directors. Together the trustee and board of managers serve as the governing body of the Foundation Hershey Cemetery Company (EIN 23-1973529) is a Pennsylvania cemetery company and is trustee of the Hershey Cemetery Hershey Cemetery is the final resting place of Milton Agents. Catherine Hershey Trust Company and its trustee of the Hershey Cemetery Perpetual Maintenance for the Hershey Cemetery School and School Trust (EIN 20-262938) that was established to provide funding for perpetual maintenance for the Hershey Cemetery term is the final resting place of Milton Agents. Diverse Code Section 501(c)(3) The nonprofit mission is to promote and enhance the education and general welfare of the students and alumn, to the velop morif that is exempt from Federal income tax pursuant to In			
	STUDENTS AT NO COST THE VALUE OF THESE BENEFITS WAS \$378,441			

Additional Data

Software ID:

Software Version:

EIN: 23-1353340

Name: MILTON HERSHEY SCHOOL AND SCHOOL TRUST

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
(1)	HERSHEY ENTERTAINMENT & RESORTS CO	А	345,696	FMV
(1)	HERSHEY TRUST COMPANY	А	218,642	FMV
(2)	THE MS HERSHEY FOUNDATION	А	11,196	FMV
(3)	HERSHEY ENTERTAINMENT & RESORTS CO	р	919,318	FMV
(4)	HERSHEY TRUST COMPANY	0	1,335,206	FMV
(5)	HERSHEY ENTERTAINMENT & RESORTS CO	с	378,441	FMV
(6)	HERSHEY ENTERTAINMENT & RESORTS CO	f	9,180,906	FMV
(7)	THE HERSHEY COMPANY	f	158,012,123	FMV
(8)	THE HERSHEY COMPANY	A	3,000	FMV
(9)	THE MS HERSHEY FOUNDATION	Р	56,510	FMV
(10)	MILTON HERSHEY SCHOOL BLK TRUST	A	817	FMV
(11)	LEGATO INTERNATIONAL EQUITY FUND LP	F	543,244	FMV
(12)	EATON VANCE TRUST CO HIGH YIELD CTF	F	6,206,310	FMV
(13)	MILTON HERSHEY SCHOOL BLK TRUST	G	193,465,500	FMV
(14)	MILTON HERSHEY SCHOOL BLK TRUST	Н	79,100,165	FMV