Return of Private Foundation

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

OMB No 1545-0052

2949124400406

2017

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	' calend	dar year 2017 or tax year beginning		, 2017, and			, 20		
	me of fou				A Employer	r identification numb	er		
FAS	SNACH	NACHT FAMILY FOUNDATION				25-1849488			
		d street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone	e number (see instruct	tions)			
		GRANADA AVENUE	}		717-533-7796				
		n, state or province, country, and ZIP or foreign postal code		L	C If avament				
		, PA 17033			ir exempti	ion application is pend	aing, check here ► [_]		
		i anno antico de la comunicación d	of a former	nublic charit		organizations, check	h		
G	Oneck	all that apply: Initial return Initial return Amended in		public charity	ו ט ז. Foreign	ı organizations, cneck	here . ▶		
		Address change Name char				organizations meetin			
	<u> </u>			ation Oli		here and attach comp foundation status was			
		type of organization: Section 501(c)(3) exempt p				07(b)(1)(A), check here			
		n 4947(a)(1) nonexempt charitable trust Other tax			4				
		arket value of all assets at J Accounting method	i: ☑ Cash	☐ Accrual		ndation is in a 60-mon			
		year (from Part II, col. (c), Other (specify)			under sec	stion 50 7(b)(1)(B), chec	ok nere . ► □		
	line 16	<u> </u>	on cash basis	s.)					
Pá	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue		et investment	(c) Adjusted net	(d) Disbursements for charitable		
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses p		income	income	purposes		
		the amounts in column (a) (see instructions).)	L				(cash basis only)		
	1	• •	STMT 1 3	6,000			 		
	2	Check ► ☐ if the foundation is not required to attach Sch. B					 		
	3	Interest on savings and temporary cash investments	ļ				 		
	4	Dividends and interest from securities	3	0,392	30,392		 		
	5a	Gross rents					 		
	b	Net rental income or (loss)					 		
re re	6a	Net gain or (loss) from sale of assets not on line 10	11	0,419		<u> </u>			
Revenue	b	Gross sales price for all assets on line 6a 893,196	ļ			L			
ek	7	Capital gain net income (from Part IV, line 2)	L		110,419				
Œ	8	Net short-term capital gain					<u> </u>		
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less: Cost of goods sold RECEIVED					<u> </u>		
	С	Cross profit or (loss) (attach school (la)							
	11	Other income (attach schedule) Total. Add lines 1 through 1 7 2018							
	12	Total. Add lines 1 through 17 AUG 1 7 2018	17	6,811	140,811				
·^	13	Compensation of officers, directors, trustees, etc.							
Šě	14	Other employee salaries and wages N. UT							
penses	15	Pension plans, employee benefits							
	16a	Legal fees (attach schedule)							
Ü	b	Accounting fees (attach schedule)							
ĭve	С	Other professional fees (attach schedule)	STMT2	7,860	7,860				
at	17	Interest							
Operating and Administrative	18	Taxes (attach schedule) (see instructions)	STMT3	542	312		1		
Ē	19	Depreciation (attach schedule) and depletion					1		
Εþ	20	Occupancy					1		
Ĭ	21	Travel, conferences, and meetings					1		
P	22	Printing and publications					 		
a	23	Other expenses (attach schedule)	STMT 4	15			 		
Ξ̈́	24	Total operating and administrative expenses.	Tall T			 	 		
rat		Add lines 13 through 23		8,417	8,172	}	1		
<u>Sei</u>	25	Contributions, gifts, grants paid		6,000	0,172	 	 		
ō	26	Total expenses and disbursements. Add lines 24 and 25		4,417	8,172	 	 		
	27	Subtract line 26 from line 12:	 '	7,71/	0,1/2	 	+		
	1	Excess of revenue over expenses and disbursements	10	2,394		ļ	1		
	a	Net investment income (if negative, enter -0-)	ļ	12,034	132,639	 	 		
	b	Adjusted net income (if negative, enter -0-)			132,039	 	+		
	ı C	ADJUSTED HET INCOME (II HEOMIVE, ENTER *U*)	I .	,		1	1		

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

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PECELE Polongo Chasto			nd of year			
		sho	ould be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	₹1	Cash-non-interest-bea	aring	47,014	53,813	53,813
Ì	2	Savings and temporary	cash investments			
	3	Accounts receivable ▶				
		Less: allowance for dou	ıbtful accounts ▶]		
	4					
ļ			ıbtful accounts ►			
ĺ	5	Grants receivable				···.
ŀ	6		officers, directors, trustees, and other			
ı		disqualified persons (att	tach schedule) (see instructions)			
i	7	Other notes and loans recei	ivable (attach schedule) ▶			
	-	Less: allowance for doubt	ful accounts ►	,		
2	8	Inventories for sale or us	se			
Assets	9		deferred charges		···	
AS	10a		ate government obligations (attach schedule)	STATE 236.328	286,231	286,231
`	b			STUT 6 634,940	661,447	661,447
	c	-	e bonds (attach schedule)	Short		301,111
	11		gs, and equipment basis ►			
	• •	Less: accumulated depreciat	tion (attach schedule) ▶	1		
	12		e loans			
	13		rach schedule)			
	14		oment: basis ▶	-		
	17	Land, buildings, and equip	nation (attach schedule) ▶	,		
	15	Other assets (describe)	lation (attach schedule)			 -
	16		e completed by all filers-see the	<u> </u>		
	10	instructions. Also, see p	page 1, item l)	918,282	1,001,491	1,001,491
	17		accrued expenses	3.0,202	1,001,431	1,001,431
	18	• •		 		:
es	19	• •				,
Liabilities	20		tors, trustees, and other disqualified persons			1
abi	21		otes payable (attach schedule)			
Ĩ	22	Other liabilities (describ	· ·			'
	23		es 17 through 22)			
	25		w SFAS 117, check here ▶ □			
S		and complete lines 24	through 26, and lines 30 and 31.			
٥	24	Unrestricted	-			
<u>a</u>	25	Temporarily restricted				
ä	26	Permanently restricted				
Net Assets or Fund Balances	20	•	not follow SFAS 117, check here ▶ □	<u> </u>		
Ē		and complete lines 27	through 31.			1.45
ō	27		acipal, or current funds			
ŝ	28		us, or land, bldg., and equipment fund			
Se	29		nulated income, endowment, or other funds	918,282	1,001,491	
As	30	~	nd balances (see instructions)	918,282	1,001,491	
et	31		d net assets/fund balances (see	5.0,202	1,001,101	
Ž	• •			918,282	1,001,491	
Pa	rt III	:	es in Net Assets or Fund Balances		1,001,401	I
			ances at beginning of year-Part II, colu		t agree with	
•			on prior year's return)			918,282
2		er amount from Part I, line	•			102,394
3		er increases not included				102,004
4						1,020,676
5	Dec	reases not included in lin	ne 2 (itemize) ► UNREALIZED LOSSES-S	EE STATEMENT 7	5	19,185
	Tota	I net assets or fund bala	inces at end of year (line 4 minus line 5)—	Part II, column (b). lir		1,001,491
						5 000 DE (00.5)

Part	V Capital Gains and	Losses for Tax on Investm	nent Inc	ome				
	(a) List and describe the kir	nd(s) of property sold (for example, real e se, or common stock, 200 shs MLC Co	state,)		(b) How acquired P-Purchase D-Donation		te acquired ., day, yr.)	(d) Date sold (mo., day, yr)
	VARIOUS SHORT TERM AS				VA	RIOUS	VARIOUS	
b_	VARIOUS LONG TERM AS	SETS PER MORGAN STANLEY ST	S PER MORGAN STANLEY STATEMENT P			VA	RIOUS	VARIOUS
С								
d								
e								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale		(h) Gain ((e) plus (f	
a	273,004				271,835			1,169
<u>b</u>	620,192				510,942	ļ		109,250
<u> </u>								
<u>d</u>			 					
<u>e</u>			<u></u> _		10/01/00			 -
	Complete only for assets sho	owing gain in column (h) and owned	T				(I) Gains (Col.	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) . (j), if any		Losses (fr	less than -0-) or om col (h))
a_								
b								
<u>c</u>								
d								
е			l			<u></u>		
2	Capital gain net income o				rt I, line 7 rt I, line 7	2		110,419
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c). See ınstru	ictions.	if (loss)	, enter -0- ın)	3		
Part		ler Section 4940(e) for Redu					me	
If "Ye	s," the foundation doesn't	section 4942 tax on the distribution qualify under section 4940(e). Do	o not cor	nplete t	his part.			☐ Yes ☑ No
1		ount in each column for each ye	ar; see ti	ne instri	uctions before m	aking a	any entries.	
Cale	(a) Base period years endar year (or tax year beginning in			et value c	(c) f noncharitable-use a		(col_(b)	(d) nbution ratio divided by col. (c))
	2016	6	2,274		90	4,072	<u>-</u>	0688817
	2015	5	4,286		88	6,568	<u> </u>	0612316
	2014	5	2,930		86	7,194	<u> </u>	0610359
	2013	4	7,085		68	8,189	·	0601242
	2012		7,710		63	8,496	<u> </u>	0578389
2	Total of line 1, column (d)		, ,			2	.3090476
S		oundation has been in existence					3	.06180952
4	Enter the net value of nor	ncharitable-use assets for 2017	from Par	t X, line	5	. }	4	957,749
5	5 Multiply line 4 by line 3			. }	5	59,198		
6	Enter 1% of net investme	ent income (1% of Part I, line 27I	b)			.	6	1,326
7	Add lines 5 and 6					. }	7	60,524
8	If line 8 is equal to or gre	ons from Part XII, line 4 ater than line 7, check the box					8 art using a 1	64,674 % tax rate. See the
	Part VI instructions.							Form 990-PF (2017)

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Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see is	nstru	ction	is)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)		ŀ	٤
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	,326	00
	here ► 🕜 and enter 1% of Part I, line 27b		İ	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
3	Add lines 1 and 2	1	1,326	00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	1	1,326	00
6	Credits/Payments:		Ì	
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 1,220 00			
b	Exempt foreign organizations—tax withheld at source 6b		ļ	
C	Tax paid with application for extension of time to file (Form 8868) . 6c 180 00 Backup withholding erroneously withheld			•
d	Backup withholding erroneously withheld	4	1 400	
7 8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached		1,400	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		74	00
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 74 00 Refunded ▶ 11			
Part '	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No ✓
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		-
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>, , , , , , , , , , , , , , , , , , , </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		,
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		▼
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		 -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1
•	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	}		
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 			•
	conflict with the state law remain in the governing instrument?	6	/	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	/	ļ
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
b	PENNSYLVANIA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	/	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-	 	 -
	names and addresses	10	1	1
		orm 99	0-PF	(2017)

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
	Website address ► N/A			
14		7-533-		·
	Located at ► 359 E. GRANADA AVENUE, HERSHEY PA ZIP+4 ►	1703	3	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		✓
	the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>		Ĺ
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			٠ ،
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			;
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	the benefit or use of a disqualified person)?			، ا
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fall to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	-	
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	Į		
	If "Yes," list the years ► 20 , 20 , 20 , 20	ļ		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	Į		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b_		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. • 20 , 20 , 20 , 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		ĺ	1
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	}		}
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			}
	foundation had excess business holdings in 2017.)	3b	1	1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			† †
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	}	1

	4
Dana	1
I ago	

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 N	Nay Be R	equire	d (contii	nued)			
5a	During the	e year, did the foundation pay or incur a	iny amo	ount to:							Yes	No
•	(2) Influer	on propaganda, or otherwise attempt to nce the outcome of any specific public	electio	on (see secti	on 495	5); or to ca	irry on,	☐ Yes	☑ No			-
		y or indirectly, any voter registration dri						☐ Yes	☑ No	1 1		
	(4) Provid	le a grant to an individual for travel, stude le a grant to an organization other than n 4945(d)(4)(A)? See instructions	a char	ritable, etc., o	organiza	ation descr	ibed in	☐ Yes	☑ No ☑ No			
	(5) Provid	le for any purpose other than religious, ses, or for the prevention of cruelty to c	charita	able, scientifi	c, litera	ry, or educ	ational	_	☑ No			
b		wer is "Yes" to 5a(1)-(5), did any of the as section 53.4945 or in a current notice in										
	Organizat	ions relying on a current notice regardir	ng disa	ster assistan	ce, che	ck here .			▶ []		,	
С		wer is "Yes" to question 5a(4), does the transmitted expenditure responsibility							□No		*	
6a	Did the fo	attach the statement required by Regula nundation, during the year, receive any	funds, (directly or inc	directly,	to pay pre	emiums			- "" . 2 9 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	یکر از	**
.	•	onal benefit contract?					 honofit	☐ Yes	√ No ·2	6b		1
D		o 6b, file Form 8870.	is, une	city of indirec	ouy, on	a personar	Derient	Contract	• •	OD		
	At any time	e during the tax year, was the foundation a did the foundation receive any proceeds						☐ Yes ansactio	☑ No n? .	7b	-	
Par	VIII	nformation About Officers, Direct	tors, T	rustees, F	oundat	tion Mana	agers,	Highly I	Paid E	mploy	ees,	
		and Contractors				1						
_1	List all of	ficers, directors, trustees, and found										
		(a) Name and address	` hour	e, and average rs per week ed to position	` (If n	npensation ot paid, ter -0-)	emplo	Contribution yee benefit erred compo	pians	(e) Expe	nse acc allowan	
	R. FASNA		NONE			NONE			NONE		N	IONE
	. FASNACI	A AVENUE, HERSHEY PA 17033	NONE			1						
		AVENUE, HERSHEY PA 17033	NONE			NONE			NONE		N	IONE
						1						
						1 :						
2	Compens	sation of five highest-paid employee	es (oth	er than tho	se incli	ided on li	ne 1—:	see insti	ruction	s). If n	one,	enter
_		address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Compe		(d) Contrib employee plans and comper	benefit deferred	(e) Expe	ense ace allowar	
								-				
			· -		 ,							
		-th								ļ		
otal	number of	other employees paid over \$50,000 .	<u> </u>		· · ·	· · ·		• • •	. ▶	Form 9 9	NONE	(2017)
										. onn 32	,u-r r	(2017)

Part V	III Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 F	ive highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total nu	mber of others receiving over \$50,000 for professional services	NONE
Part I)	G-A Summary of Direct Charitable Activities	
List the	e foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of rations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
Part IX		
	pe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	······································	
2		
	er program-related investments. See instructions	
3		
Total. A	dd lines 1 through 3	NONE

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn found	ations,
	see instructions.)		
1 ,	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	916,520
b	Average of monthly cash balances	1b	55,814
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	972,334
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	}	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	972,334
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	14,585
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	957,749
6	Minimum investment return. Enter 5% of line 5	6	47,887
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fand certain foreign organizations, check here ► and do not complete this part.)	oundatio	ns
1	Minimum investment return from Part X, line 6	1	47,887
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)]. }	
С	Add lines 2a and 2b	2c	1,326
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	46,561
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	46,561
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	1	
	<u>line 1 </u>	7	46,561
	Qualifying Distributions (see instructions)	тт	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	66,000
a	Program-related investments—total from Part IX-B	1b	00,000
ь 2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	66,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	1,326
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	64,674
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	ng whethe	r the foundation

art 2	Undistributed Income (see instruction	ns)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7				46,561
2	Undistributed income, if any, as of the end of 2017:			1	
а	Enter amount for 2016 only			NONE	
b	Total for prior years: 20 ,20 ,20		NONE		
3	Excess distributions carryover, if any, to 2017:				*
а	From 2012			-; }	
b	From 2013 8,760				
С	From 2014 10,710			1	
d	From 2015 9,958				
e	From 2016			,	
f	Total of lines 3a through e	52,225			<u> </u>
4	Qualifying distributions for 2017 from Part XII,			4	
	line 4: ► \$66,000			ŀ	
а	Applied to 2016, but not more than line 2a .				
þ	Applied to undistributed income of prior years			"	
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election			۶۶۰	
	required — see instructions)				40.504
d	Applied to 2017 distributable amount				46,561
е	Remaining amount distributed out of corpus				<u> </u>
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same amount must be shown in column (a).)			, , , , , , , , , , , , , , , , , , ,	
6	Enter the net total of each column as			·	
6	indicated below:	-			
_	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	52,225			*
a b	Prior years' undistributed income. Subtract	32,220		,	·
D	line 4b from line 2b			•	
_	Enter the amount of prior years' undistributed				
С	income for which a notice of deficiency has			u	
	been issued, or on which the section 4942(a)			٧,	
	tax has been previously assessed				ر کھر ' ' ج
d	Subtract line 6c from line 6b. Taxable			, ~3	· · · · · · · · · · · · · · · · · · ·
	amount-see instructions				
е	Undistributed income for 2016. Subtract line				ς.
	4a from line 2a. Taxable amount-see				
	instructions				
f	Undistributed income for 2017. Subtract lines			,	
	4d and 5 from line 1. This amount must be				
	distributed in 2018				NONE
7	Amounts treated as distributions out of corpus			المحمد المراجد	* * * *
	to satisfy requirements imposed by section			>7	* *
	170(b)(1)(F) or 4942(g)(3) (Election may be			4	-
o	required—see instructions)			-	
8	applied on line 5 or line 7 (see instructions).	5,787		3)	,
9	Excess distributions carryover to 2018.	3,767			
3	Subtract lines 7 and 8 from line 6a	65,937		•	,
10	Analysis of line 9:				•
а	Excess from 2013 8,760				
b	Excess from 2014	1		•	,
c	Excess from 2015 9,958	1			
d	Excess from 2016]		,	
_ е	Excess from 2017 19,439				
			•		Form 990-PF (2017

orm 99	00-PF (2017)					Page 10
Part	XIV Private Operating Founda	tions (see instri	uctions and Part	VII-A, question 9)) —— <u>———</u>	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective fo	r 2017, enter the d	late of the ruling .	. l	l N/	A /
b	Check box to indicate whether the four		,			
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years	/	-7 -7
Lu	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for	(a) 2017	(b) 2010	(0) 2013	(0) 2014	
	each year listed		<u> </u>	 		
b	85% of line 2a				/	
С	Qualifying distributions from Part XII,	j			1	
	line 4 for each year listed	ļ				
d	Amounts included in line 2c not used directly		†			
	for active conduct of exempt activities					
•	•		 	 		
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			<u> </u>		
3	Complete 3a, b, or c for the	ļ				
	alternative test relied upon:					
а	"Assets" alternative test-enter:			1		
	(1) Value of all assets			1	ĺ	
	(2) Value of assets qualifying under		 / 	 		
	section 4942(j)(3)(B)(i)	ļ				
b	"Endowment" alternative test-enter 2/3		 /	+	<u> </u>	
_	of minimum investment return shown in	ł .		1:		
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter:	1		1:		
	(1) Total support other than gross			'		
	investment income (interest,	/		1	}	
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)				1	
	(2) Support from general public	1		i i		
	and 5 or more exempt					
	organizations as provided in	/		'		
	section 4942(j)(3)(B)(iii)	<u> </u>		1		
	(3) Largest amount of support from	}				
	an exempt organization		<u> </u>	 		
	(4) Gross investment income	<u> </u>		<u> </u>	L	
Part		•	•	the foundation h	nad \$5,000 or m	ore in assets at
	any time during the year-	-see instructio	ns.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but of	only if they have o	contributed more t	han \$5,000). (See s	section 507(d)(2).)	
SEE S	STATEMENT 8					
	List any managers of the foundation	who own 10% o	or more of the sto	ck of a corporatio	n (or an equally la	rge portion of the
	ownership of a partnership or other e					•
I/A	Carrier of a few areas and	,,				
WA_	Information Regarding Contribution	- Cuant Cift I -	Cabalayabin	ete Dregrenser		
2	•					
	Check here ► ☐ if the foundation					
	unsolicited requests for funds. If the		s gifts, grants, etc.	, to individuals or c	organizations unde	r other conditions,
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone n	umber or email ac	ddress of the perso	on to whom applica	ations should be a	ddressed:
WA.						
b	The form in which applications should	d be submitted ar	nd information and	materials they sho	ould include:	
•				•		
	Any submission deadlines:					
С	Any submission deadlines:					
- 4	Any restrictions or limitations on a	warde auch as !	hy goographical	areas charitable (olde kinds of i	titutions or other
а	Any restrictions or limitations on a	warus, such as I	uy geographical a	areas, Criantable II	cius, KITUS OT INS	additions, or other
	factors:			ı		

Part	Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment							
3	Grants and Contributions Paid During t	he Year or Approve	ed for Ful	ture Payment				
•	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount			
	Name and address (home or business)	or substantial contributor	recipient	contribution				
а	Paid during the year							
		1						
SEE S	STATEMENT 9							
			j					
	Total	<u> </u>	L	D 20	22.000			
b		 		▶ 3a	66,000			
_	rpproved for fatally payment							
					1			
					Ì			
	Total	<u> </u>	<u> </u>	▶ 3h	 			

nter g	ross amounts unless otherwise indicated.	(a)	(b)	(c) Excluded by section	on 512, 513, or 514 (d) Amount	(e) Related or exemp function income
1 P	rogram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.
а	3			<u> </u>		
b					· · · · · · · · · · · · · · · · · · ·	
С						
d						
е						
f					-	
g	Fees and contracts from government agencies					
2 N	lembership dues and assessments					
3 in	terest on savings and temporary cash investments					
4 D	ividends and interest from securities			4	30,392	
5 N	et rental income or (loss) from real estate:					
а	Debt-financed property					
b	Not debt-financed property					
6 N	et rental income or (loss) from personal property					
7 C	ther investment income					
8 G	ain or (loss) from sales of assets other than inventory			8	110,419	
9 N	et income or (loss) from special events					
0 G	ross profit or (loss) from sales of inventory					
1 C	ther revenue: a					
b						
С						
d						
е						
2 S	ubtotal. Add columns (b), (d), and (e)				140,811	
					13	140,81
ee w	orksheet in line 13 instructions to verify calculation	ıs.)			13	140,81
ee w art	orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	ot Purposes		
ee w art	orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	ot Purposes		
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ee w art ine l	orksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) Accomplishm	ent of Exemp	ot Purposes		

		Organizatio												
1	in se		lirectly or indirectly ther than section										Yes	No
а	Trans	fers from the rep	orting foundation to	a nonch	aritable exem	ot organiz	ation	of:						
		-				-						1a(1)		✓
	(2) Ot	her assets .										1a(2)		✓
b	Other	transactions:												
	(1) Sa	les of assets to	a noncharitable exe	empt orga	ınızatıon .							1b(1)	l	1
			ets from a noncharit									1b(2)		✓
	• •		equipment, or othe									1b(3)		1
			rrangements									1b(4)		1
			rantees									1b(5)		1
		_	ervices or members									1b(6)		1
С			quipment, mailing li		-							1c		1
d			of the above is "Ye									w the	fair m	narket
			ther assets, or serv											
	value	in any transaction	on or sharing arrang	jement, sl	now in column	(d) the va	alue of	the goods	, othe	asset	s, or se	ervices	rece	ved.
(a) Line	no (t) Amount involved	(c) Name of nonc	haritable exe	empt organization	(d) Descri	otion of transf	ers, trar	saction	s, and sha	aring arr	angem	ents
												_		
2a b	descr	ibed in section 5	ectly or indirectly a 501(c) (other than se e following schedule	ection 501								☐ Yes	s 🗆	No
		(a) Name of organ	ization		(b) Type of organ	ization			(c) De:	scription	of relation	onship		
				L										
		r penalties of perjury, I	declare that I have examination of preparer (other the	ed this return	, including accomp	anying sched	ules and	statements, ar	nd to the	best of r	ny knowle	edge and	belief, i	t is true,
Sign	Corre	ct, and complete traci	Ci 11+	ian taxpayer)					owieage		May the			
Here	≱ /	man 1.	Fusicache		8-12-18) PE	CRET	<u>k</u> ry		}	with the See instri	preparer	shown I	below?
	Sign	ature of officer or true	stee		Date	Title					500 11381		res	
Paid Prep	arer	Print/Type preparer	's name	Preparei	's signature			Date			☐ ıf	PTIN		
Use		Firm's name							Firm'	s EIN ▶			•	
USE	Cilly	Firm's address							Phon					

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

FASNACHT FAMILY FOUNDATION

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number 25-1849488

Organization type (check one):					
Filers o	f:	Section:			
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		☐ 527 political organization			
Form 9	90-PF	✓ 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	Only a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
Genera	ıl Rule				
Ø		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.			
Specia	l Rules				
	regulations under s 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
	contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
	contributor, during contributions totale during the year for General Rule appli	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such and more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the es to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year			
Cautio	n: An organization the	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,			

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

FASNACI	IT FAMILY FOUNDATION	1	25-1849488
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Ty pe of contribution
1	SEASIDE AMUSEMENTS, INC. 6 DELAWARE AVENUE REHOBOTH BEACH, DE 19971	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) T ype of contribution
2	CHRISTOPHER DARR 260 MAPLE AVENUE HERSHEY, PA 17033	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	RANDY CURRY 220 KOKOMO AVENUE HUMMELSTOWN, PA 17036		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LEE ANN FASNACHT 59 LEEARDEN DRIVE HERSHEY, PA 17033	\$ 4,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NEIL FASNACHT 733 LINDEN ROAD HERSHEY, PA 17033	\$ 1,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WILLIAM HENSCHKE 111 ELM AVENUE HERSHEY, PA 17033	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FASNACI	HI FAMILY FOUNDATION		25-1849488
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BRADLEY GINDER 17 SPRING CREEK MANOR HERSHEY, PA 17033	\$ 2,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DON L. FASNACHT 367 EAST GRANADA AVENUE HERSHEY, PA 17033	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Fasnacht Family Foundation Form 990PF- Part 1, Line 1

Contributions Received

Name	Date	Amount
Brad Ginder	3/2/2017	2,000
Seaside Amusements Inc	12/31/2017	20,000
Christopher A Darr	12/31/2017	1,000
Randy C. Curry	12/31/2017	2,000
Lee Ann Fasnacht	12/31/2017	4,000
Neil Fasnacht	12/31/2017	1,000
Don Fasnacht	12/31/2017	4,000
William H Henschke	12/31/2017	2,000
	•	36,000

Fasnacht Family Foundation Form 990PF- Part 1 Line 16c

25-1849488

	Revenue and Expenses Per Books	Net Investment Income
Investment Fees	7,860	7,860

	Revenue and Expenses Per Books	Net Investment Income
Federal Taxes	230	
Foreign Taxes	312	312
	542	312

Fasnacht Family Foundation Form 990PF- Part 1, Line 23

25-1849488

Revenue and Expenses

State Fees

15.00

Fasnacht Family Foundation Form 990PF- Part II Line 10a

25-1849488

		End of	the Year
	Beginning of the Year Book Value	Book Value	Fair Market Value
US Treasury Notes	236,328	286,231	286,231

Fasnacht Family Foundation Form 990PF- Part II Line 10b

25-1849488

		End of	the Year
	Beginning of the Year Book Value	Book Value	Fair Market Value
Corporate Equities	634,940	661,447	661,447

Fasnacht Family Foundation Form 990PF- Part III, Line 5

25-1849488

Unrealized Loss on Securities

19,185

Information Regarding Foundation Managers:

Allen R. Fasnacht Don L. Fasnacht

Recipient	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Rehoboth Boys and Girls Club		Unrestricted	1,500
Someone to Tell it To, Inc		Unrestricted	1,500
Child Fund International		Unrestricted	1,000
Naaman Center		Unrestricted	1,000
Bethesda Mission		Unrestricted	1,000
Habitat for Humanity		Unrestricted	1,000
Feeding America		Unrestricted	1,000
The Smile Train		Unrestricted	1,000
Shevet Achim		Unrestricted	500
University Community Society		Unrestricted	500
The Interfaith Shelters (Catholic Charities)		Unrestricted	500
Volunteers of America		Unrestricted	1,000
International Children's Surgical		Unrestricted	1,000
Palmyra Area Cooperating (Caring Cupboard)		Unrestricted	1,000
The Ecumenical Food Pantry		Unrestricted	1,000
Hope for Henry		Unrestricted	500
Michael J Fox Foundation		Unrestricted	1,000
Daystar Center		Unrestricted	500
Derry Township Camping Assoc		Unrestricted	50 O
Hospice of Central PA		Unrestricted	1,000
UMCOR		Unrestricted	2,500
Memorial Sloan-Kettering		Unrestricted	1,000
Mennonite Disaster Service		Unrestricted	1,000
Brethren Housing Association		Unrestricted	1,500
PP&L Operation Help		Unrestricted	2,000
New Hope Ministries		Unrestricted	1,000
Love inc		Unrestricted	
Special Operations Warrior Fund		Unrestricted	1,500
Lebanon Rescue Mission		Unrestricted	500
Arrow Child & Family Ministries		Unrestricted	1,000
The Community Check Up Center		Unrestricted	500
Help Me See			1,000
High Hopes for Haiti		Unrestricted	500
The Salvation Army		Unrestricted	1,000
Doctors Without Borders		Unrestricted	1,000
Downtown Daily Bread		Unrestricted	2,000
<u> </u>		Unrestricted	2,000
Grantville Area Food Pantry		Unrestricted	1,000
Young Life Hummelstown Food Bank		Unrestricted	1,000
		Unrestricted	2,000
The Way Home		Unrestricted	1,000
Rachel's Lament		Unrestricted	1,000
First Step		Unrestricted	500
Action Against Hunger		Unrestricted	1,000
PA Wounded Warriors		Unrestricted	1,000
Ronald McDonald House Charities		Unrestricted	1,000
Save the Children		Unrestricted	500
Raising Hope		Unrestricted	1,000
MOM A PA Free Dental Missions		Unrestricted	1,000
Oxfam Inc		Unrestricted	1,000
Center for Champions		Unrestricted	500
Brethren Community Ministries		Unrestricted	1,000
Lancaster Cleft Palate		Unrestricted	1,000
Big Brothers Big Sisters		Unrestricted	1,000
CRAM INC		Unrestricted	5,000
Hope International		Unrestricted	1,000
Christain Relief Services- Running Strong		Unrestricted	1,000
Lifetime Wells for Ghana Inc		Unrestricted	1,000
Environmental Defense Fun		Unrestricted	1,000
Bridge of Hope		Unrestricted	500
Gaudenzia Inc		Unrestricted	500
NCDAF		Unrestricted	500
Cocoa Packs Inc		Unrestricted	1,000
			66,00