



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



STATUTE CLEARED
J WRIGHT 0436804869
SEP 06 2013

SCANNED SEP 18 2013

0806

OMB No. 1545-1150

2007

Open to Public Inspection

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning July 1, 2007, and ending June 30, 20 08

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
Gettysburg Area Education Foundation

Number and street (or P O box, if mail is not delivered to street address) Room/suite
900 Biglerville Road

City or town, state or country, and ZIP + 4
Gettysburg, PA 17325-7897001

D Employer identification number
20 5974660

E Telephone number
(717) 334-6254

F Group Exemption Number **▶**

G Accounting method: Cash Accrual
Other (specify) **▶**

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **▶**

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. **▶ \$ 39974**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	38255
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	94
	5a Gross amount from sale of assets other than inventory	5a	1625
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	1625
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c		
8 Other revenue (describe ▶)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	39974	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	2000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	24047
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	4163
	16 Other expenses (describe ▶ Web hosting workshop)	16	150
17 Total expenses. Add lines 10 through 16	17	30360	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	9614
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	10410
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Total net assets or fund balances. Combine lines 18 through 20	21	20024

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10410	22 44071
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	10410	25 44071
26 Total liabilities (describe ▶ Consulting Fees Payable)		26 24047
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10410	27 20024

STATUTE CLEARED
SEP 04 2013
BRANCH
OGDEN, UT
RECEIVED
AUG 9 2013
OGDEN, UT

ISMe

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Support programs of Gettysburg Area School District</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>Provided grants to teachers for classroom program enhancements - 4 teachers, 100 students</u>		
	(Grants \$ <u>2000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<u>2000</u>
29	<u>Capital Campaign to support purpose of the Foundation. Efforts earned \$38,255 in contributions, and incurred \$24,047 in costs for consultant and \$4,163 for brochure design and printing.</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	<u>28210</u>
30		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	<u>Other program services (attach schedule)</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<u>Total program service expenses. Add lines 28a through 31a</u>	32	<u>30210</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>Tom Ford</u> <u>2776 meadow Drive, Gettysburg, PA 17325</u>	<u>President - 7 hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Michael Malewicki</u> <u>2 West Broadway, Gettysburg, PA 17325</u>	<u>Vice-President - 5 hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Brad N. Hunt</u> <u>900 Biglerville Road, Gettysburg, PA 17325</u>	<u>Treasurer - 5 hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Office of Secretary is vacant</u>				

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>			
b	Did the organization file Form-1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

	Yes	No
40b		✓
40c		
40d		
40e		✓

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

41 List the states with which a copy of this return is filed. ▶ Pennsylvania

42a The books are in care of ▶ Brad N. Hunt, Treasurer Telephone no. ▶ (717) 334-6254
 Located at ▶ 900 Biglerville Road, Gettysburg, PA ZIP + 4 ▶ 17325-7897

b 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)? . . .

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶


See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here
 Signature of officer: 
 Date: 7-21-2011
 Type or print name and title: Brad N. Hunt, Treasurer
 Date: 7-21-2011

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X): _____
 EIN: _____
 Phone no: () _____