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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GETTYSBURG COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
300 North Washington Street

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

D Employer identification number
23-1352641

E Telephone number
(717) 337-6200

G Gross receipts $ 218,742,794

F Name and address of Principal Officer
DANIEL T KONSTALID
300 NORTH WASHINGTON STREET
GETTYSBURG, PA 17325

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www Gettysburg edu

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1832

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
GETTYSBURG COLLEGE IS A FOUR-YEAR, COEDUCATIONAL COLLEGE OF LIBERAL ARTS AND SCIENCES PROVIDING UNDERGRADUATE DEGREES SEE STATEMENT 1

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of employees (Part V, line 2a)	5	2,727
6	Total number of volunteers (estimate if necessary)	6	303
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	713,968
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,050,418

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,742,047	8,898,158
9	Program service revenue (Part VIII, line 2g)	118,154,034	122,754,063
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,616,618	-11,021,209
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,943,897	3,351,693
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,456,596	123,982,705
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,100,208	36,636,966
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	55,050,689	58,860,988
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 3,883,932)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	47,159,603	44,471,107
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	133,310,500	139,969,061
19	Revenue less expenses Subtract line 18 from line 12	15,146,096	-15,986,356

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	442,647,615	400,015,340
21	Total liabilities (Part X, line 26)	119,989,098	143,602,686
22	Net assets or fund balances Subtract line 21 from line 20	322,658,517	256,412,654

Part II Signature Block

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

Please Sign Here

****** | 2010-04-08
Signature of officer | Date

Daniel T Konstalid VP for Finance & Admin
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WTAS LLC
335 Commerce Drive - Suite 201
Fort Washington, PA 19034

EIN ▶

Phone no ▶ (215) 654-1600

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 121,555,161 including grants of $ 36,636,966) (Revenue $ 126,161,442)

UNDERGRADUATE EDUCATION OF STUDENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 121,555,161 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to 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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
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 section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	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 percent 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	468		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	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 by this return	2a	2,727		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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		Yes	
b	If "Yes," enter the name of the foreign country UK See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	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).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	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	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	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	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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 year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 33		
b	Enter the number of voting members that are independent . .	1b 31		
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		No
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 organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed PA

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

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

FINANCE AND ADMINISTRATION
300 N WASHINGTON ST
GETTSYBURG,PA 17325
(717) 337-6200

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,255,875	0	356,327

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 33

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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

(A) Name and business address	(B) Description of services	(C) Compensation
MCNEES WALLACE and NURICK 1 S CHURCH STREET HAZLETON, PA 18201	LEGAL	470,823
RINEHART PAINTING 380 PLAINVIEW ROAD GETTYSBURG, PA 17325	PAINTING	166,812
DANAC CONSTRUCTION SERVICES LLC 7501 WISCONSIN AVE 1120 BETHESDA, MD 20814	PRJ MGR/OWNER REP	150,000
ALVIN R BEAM PAINTING CONTRACTOR 1180 MYERSTOWN ROAD GARDNERS, PA 17324	PAINTING	137,573
LAWRENCE P TAYLOR 2025 MUMMASBURG ROAD GETTYSBURG, PA 17325	CONSULTING	132,700

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 8

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	41,200			
	c	Fundraising events	1c	64,548			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,047,976			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,744,434			
	g	Noncash contributions included in lines 1a-1f $ 295,241					
	h	**Total (Add lines 1a-1f)**			8,898,158		
Program Service Revenue			Business Code				
	2a	TUITION AND FEES			97,995,228	97,995,228	
	b	AUXILIARY SERVICES			23,354,135	23,354,135	
	c	CONFERENCES AND CONVENTIONS	611,710		693,226		693,226
	d	THEATER	711,110		711,474	588,201	123,273
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 122,754,063					
	3	Investment income (including dividends, interest other similar amounts)			5,470,955		5,470,955
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
			(i) Real	(ii) Personal			
	6a	Gross Rents	46,845				
	b	Less rental expenses					
	c	Rental income or (loss)	46,845				
	d	Net rental income or (loss)			46,845		46,845
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	76,279,130	128,224			
	b	Less cost or other basis and sales expenses	92,815,468	84,050			
	c	Gain or (loss)	-16,536,338	44,174			
	d	Net gain or (loss)			-16,492,164		-16,492,164
Other Revenue	8a	Gross income from fundraising events (not including $ 20,918 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a	64,548			
	b	Less direct expenses	b	20,918			
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a	2,498,238			
	b	Less cost of goods sold	b	1,839,653			
	c	Net income or (loss) from sales of inventory			658,585	658,585	
		Miscellaneous Revenue	Business Code				
	11a	LEADERSHIP FEES			582,045	582,045	
	b	ADMINISTRATIVE FEES			146,984	146,984	
	c	STUDENT LOAN INTEREST			145,337	145,337	
	d	All other revenue			1,771,897	1,874,428	-102,531
	e	**Total. Add lines 11a-11d** $ 2,646,263					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			123,982,705	125,344,943	713,968	-10,974,364

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	36,549,241	36,549,241		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	87,725	87,725		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	788,639	380,222	318,133	90,284
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	565,136	191,612	373,524	
7 Other salaries and wages	42,328,813	34,644,266	373,524	2,123,081
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,136,559	3,211,229	711,389	213,941
9 Other employee benefits	8,229,528	6,872,268	975,607	381,653
10 Payroll taxes	2,812,313	2,304,545	359,416	148,352
11 Fees for services (non-employees)				
a Management	0			
b Legal	560,281	28,323	531,958	
c Accounting	123,475	17,560	105,915	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	2,977,550	1,978,775	934,702	64,073
12 Advertising and promotion	499,779	201,475	191,050	107,254
13 Office expenses	10,230,012	7,883,020	2,025,123	321,869
14 Information technology	0			
15 Royalties	0			
16 Occupancy	4,316,585	3,551,266	694,035	71,284
17 Travel	2,654,277	2,124,377	323,921	205,979
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	409,179	305,949	70,051	33,179
20 Interest	3,432,355	3,432,355		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,469,126	8,653,323	751,803	64,000
23 Insurance	396,167	378,111	16,792	1,264
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OFF CAMPUS STUDY	4,867,900	4,867,900	0	0
b COLLEGE STORE AND DINING	2,893,875	2,654,184	205,629	34,062
c OTHER	1,640,546	1,237,435	379,454	23,657
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	139,969,061	121,555,161	14,529,968	3,883,932
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		21,027,197	1	36,694,537
	2	Savings and temporary cash investments		43,119,860	2	29,673,436
	3	Pledges and grants receivable, net		3,321,243	3	2,391,932
	4	Accounts receivable, net		2,552,623	4	2,014,925
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		5,607,395	7	5,595,222
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,587,141	9	4,569,154
	10a	Land, buildings, and equipment cost basis	10a 280,275,988			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 122,527,045	142,977,528	10c	157,748,943
	11	Investments—publicly traded securities		149,941,157	11	100,897,762
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		40,080,190	12	34,162,379
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		29,433,281	15	26,267,050
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		442,647,615	16	400,015,340
Liabilities	17	Accounts payable and accrued expenses		14,369,364	17	17,105,692
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		72,055,000	20	91,360,000
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		33,564,734	25	35,136,994
	26	**Total liabilities.** *Add lines 17 through 25*		119,989,098	26	143,602,686
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		159,387,901	27	132,398,499
	28	Temporarily restricted net assets		54,985,495	28	22,720,442
	29	Permanently restricted net assets		108,285,121	29	101,293,713
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		322,658,517	33	256,412,654
	34	Total liabilities and net assets/fund balances		442,647,615	34	400,015,340

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☑ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**	No
(ii) a family member of a person described in (i) above?	**11g(ii)**	No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**	No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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 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 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c 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 IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	261,804,016				
b Contributions	2,072,872				
c Investment earnings or losses	-57,694,679				
d Grants or scholarships	2,557,438				
e Other expenditures for facilities and programs	5,716,240				
f Administrative expenses					
g End of year balance	197,908,531				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 35 %
- b Permanent endowment ▶ 52 %
- c Term endowment ▶ 13 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,398,313		4,398,313
b Buildings		204,139,224	88,048,045	116,091,179
c Leasehold improvements				
d Equipment		49,624,936	34,479,000	15,145,936
e Other		22,113,515		22,113,515
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				157,748,943

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CAPITAL FUNDS	17,652,643	F
Other REAL ESTATE INVESTMENT TRUST	9,301,624	F
Other HEDGE FUNDS	7,208,112	F
Other NOTES RECEIVABLE	0	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	34,162,379	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
FUNDS HELD IN TRUST BY OTHERS	20,830,777
DEBT AGREEMENTS	5,436,273
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	26,267,050

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
STUDENT'S ADV PYMT & DEPOSITS	3,056,694
ADVANCES FROM FEDERAL GOV'T	2,372,983
DEP HELD IN CUSTODY FOR OTHERS	826,575
ANNUITIES PAYABLE	7,364,593
ACCRUED POST RETIREMENT COSTS	11,781,652
PROMISSORY NOTE PAYABLE	7,120,463
ACCUMULATED LOSS ON SWAP AGREEMENTS	2,614,034
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	35,136,994

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	123,982,705
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	139,969,061
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,986,356
4	Net unrealized gains (losses) on investments	4	-48,144,654
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,114,853
9	Total adjustments (net) Add lines 4 - 8	9	-50,259,507
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-66,245,863

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	40,963,241
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-48,144,654		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,953,913		
e	Add lines **2a** through **2d**			2e	-46,190,741
3	Subtract line **2e** from line **1**			3	87,153,982
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	36,828,723		
c	Add lines **4a** and **4b**			4c	36,828,723
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	123,982,705

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	107,209,104
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	1,860,571		
e	Add lines **2a** through **2d**			2e	1,860,571
3	Subtract line **2e** from line **1**			3	105,348,533
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	34,620,528		
c	Add lines **4a** and **4b**			4c	34,620,528
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	139,969,061

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SCHEDULE D, PART V, LINE 4, ENDOWMENT FUNDS		ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD, AS WELL AS DESIGNATED FUNDS THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN PURCHASING POWER OF THE ENDOWMENT ASSETS OVER TIME ENDOWMENT SPENDING SUPPORTS OPERATIONS OF THE COLLEGE INCLUDING SCHOLARSHIPS AND INSTRUCTIONAL, ACADEMIC SUPPORT AND STUDENT SERVICES ACTIVITIES AS SPECIFICALLY RESTRICTED BY THE DONOR OR OTHERWISE DESIGNATED
SCHEDULE D, PART XI, LINE 8, OTHER		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS $(248,816) POST RETIREMENT-RELATED CHARGES OTHER THAN NET PERIODIC BENEFIT COSTS (117,290) LOSS ON DEBT REFINANCING (609,809) CHANGE IN FAIR VALUE OF SWAP AGREEMENT (813,527) CHANGE IN NET ASSETS OF RELATED ENTITIES (857,590) UNRELATED BUSINESS INCOME FROM PASS THRU ENTITIES 102,529 RELATED ENTITY NET LOSS 429,650 ---------- TOTAL OTHER ADJUSTMENTS $(2,114,853)
SCHEDULE D, PART XII, LINE 4B, OTHER		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS $248,816 POST RETIREMENT-RELATED CHARGES 117,290 LOSS ON DEBT REFINANCING 609,809 CHANGE IN FAIR VALUE OF SWAP AGREEMENT 813,527 CHANGE IN NET ASSETS OF RELATED ENTITIES 857,590 UNRELATED BUSINESS INCOME FROM PASS THRU ENT (102,529) STUDENT AID 34,284,220 ---------- TOTAL OTHER REVENUE 36,828,723
SCHEDULE D, PART XIII, LINE 4B, OTHER		STUDENT AID $34,284,220 RELATED ENTITY EXPENSES 336,308 ---------- TOTAL OTHER $34,620,528
SCHEDULE D, PART XII, LINE 2D		COST OF GOODS SOLD $ 1,839,653 RELATED ENTITY INCOME 93,342 FUNDRAISING EXPENSES 20,918 ---------- TOTAL LINE 2D $ 1,953,913
SCHEDULE D, PART XIII, LINE 2D		COST OF GOODS SOLD REPORTED IN REVENUE $1,839,653 FUNDRAISING EXPENSES FROM EVENTS REPORTED IN REVENUE 20,918 ---------- TOTAL OTHER LINE 2D $1,860,571

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain RACIALLY NONDISCRIMINATORY POLICY IS DESCRIBED IN CATALOGS, BROCHURES, RECRUITING ACTIVITIES, AND WEBSITE	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either 6a or b, please explain using an attached statement			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe (Including Iceland and Greenland)	0	1	Program Services	EDUCATION	30,251
North America	0	2	Program Services	EDUCATION	57,342
Totals . . . . . ▶	0	3			87,593

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. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

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

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
COLLEGE GRANT	Europe/Iceland/Greenland	2			43,800	FINANCL AID	FMV
COLLEGE GRANT	South Asia	1			21,750	FINANCL AID	FMV
COLLEGE GRANT	Sub-Saharan Africa	1			22,175	FINANCL AID	FMV

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
SCHEDULE F, PART I, LINE 2		Gettysburg College has a program of financial aid for worthy and promising students who are unable to finance their education from personal and/or family resources Access to such aid is considered a privilege, not a right The qualifications for assistance, in addition to need, are academic ability, academic achievement, and promise of contribution as a student and citizen The amount of aid in any particular case is based upon the financial need of the student

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1352641
Name: GETTYSBURG COLLEGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ORANGE & BLUE (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	85,466			85,466
	2 Less Charitable contributions	64,548			64,548
	3 Gross revenue (line 1 minus line 2)	20,918			20,918
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	20,918			20,918
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				20,918
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS AND SCHOLARSHIPS PAID	2588		34,196,495	FMV	FINANCIAL AID
OFF CAMPUS GRANTS AND OTHER ASSISTANCE	224		2,047,183	FMV	FINANCIAL AID
PRIZES AND AWARDS	103	152,561	0	FMV	
FELLOWSHIPS	17	153,002	0	FMV	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		Grants issued by Gettysburg College are primarily in the form of financial aid Financial aid grants to students are directly applied by the College to offset billed amounts (i e tuition) on the student's account, thereby reducing the net balance due to the College

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KATHERINE HALEY WILL	(i)	322,783	0	32,944	29,400	18,596	403,723	422,626
	(ii)	0	0	0	0	0	0	0
DANIEL DENICOLA	(i)	152,911	0	11,186	20,343	15,909	200,349	183,514
	(ii)	0	0	0	0	0	0	0
JANET RIGGS	(i)	246,202	0	21,493	29,400	26,366	323,461	211,725
	(ii)	0	0	0	0	0	0	0
DANIEL KONSTALID	(i)	179,838	0	15,924	24,943	18,571	239,276	201,000
	(ii)	0	0	0	0	0	0	0
JEFFREY BLAVATT	(i)	200,000	0	9,852	0	693	210,545	113,077
	(ii)	0	0	0	0	0	0	0
JAMES WHITE	(i)	127,550	0	4,150	14,793	7,343	153,836	0
	(ii)	0	0	0	0	0	0	0
BARBARA FRITZE	(i)	171,406	0	38,489	24,218	19,371	253,484	212,243
	(ii)	0	0	0	0	0	0	0
VICTORIA DOWLING	(i)	177,079	0	7,871	22,819	21,526	229,295	191,864
	(ii)	0	0	0	0	0	0	0
RODNEY TOSTEN	(i)	188,337	0	597	23,423	12,563	224,920	190,500
	(ii)	0	0	0	0	0	0	0
SUSAN EISENHOWER	(i)	179,885	0	16,521	0	599	197,005	0
	(ii)	0	0	0	0	0	0	0
JULIE RAMSEY	(i)	138,301	0	12,556	18,189	25,324	194,370	156,203
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A		PERSONAL USE OF HOUSING The President is provided housing as a condition of employment for the convenience of the College The cost of housing is excluded from compensation under IRC section 119(d) Housing is made available to the Vice President for Enrollment and Education Services The value of housing is included as reportable compensation for Schedule J

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1352641
Name: GETTYSBURG COLLEGE

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KATHERINE HALEY WILL	(I)	322,783	0	32,944	29,400	18,596	403,723	422,626
	(II)	0	0	0	0	0	0	0
DANIEL DENICOLA	(I)	152,911	0	11,186	20,343	15,909	200,349	183,514
	(II)	0	0	0	0	0	0	0
JANET RIGGS	(I)	246,202	0	21,493	29,400	26,366	323,461	211,725
	(II)	0	0	0	0	0	0	0
DANIEL KONSTALID	(I)	179,838	0	15,924	24,943	18,571	239,276	201,000
	(II)	0	0	0	0	0	0	0
JEFFREY BLAVATT	(I)	200,000	0	9,852	0	693	210,545	113,077
	(II)	0	0	0	0	0	0	0
JAMES WHITE	(I)	127,550	0	4,150	14,793	7,343	153,836	0
	(II)	0	0	0	0	0	0	0
BARBARA FRITZE	(I)	171,406	0	38,489	24,218	19,371	253,484	212,243
	(II)	0	0	0	0	0	0	0
VICTORIA DOWLING	(I)	177,079	0	7,871	22,819	21,526	229,295	191,864
	(II)	0	0	0	0	0	0	0
RODNEY TOSTEN	(I)	188,337	0	597	23,423	12,563	224,920	190,500
	(II)	0	0	0	0	0	0	0
SUSAN EISENHOWER	(I)	179,885	0	16,521	0	599	197,005	0
	(II)	0	0	0	0	0	0	0
JULIE RAMSEY	(I)	138,301	0	12,556	18,189	25,324	194,370	156,203
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	ADAMS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-2988777	006116AM9	11-01-2008	18,295,000	COLLEGE REV BONDS SER 2008		X		X
B	ADAMS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-2988777	006116AP2	11-01-2008	31,380,000	COLLEGE REV BONDS SER 2008 B		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue	18,295,000	31,380,000			
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows	28,000,000	28,000,000			
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds	294,611	375,385			
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds	18,000,389	3,004,615			
8	Year of Substantial Completion	2009	2009			

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X	X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?		X	X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X	X							
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
DANAC CONSTRUCTION SERVICES LLC	OWNER/JOHN JAEGER TRUSTEE	150,000	PROJECT MANAGER/ OWNER REP		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	6	9,302	APPRAISAL/FMV
2 Art—Historical treasures	X	1	4,750	APPRAISAL/FMV
3 Art—Fractional interests				
4 Books and publications	X		38,539	APPRAISAL/FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	49	238,035	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe MISCELLANEOUS)	X	4	4,615	APPRAISAL/FMV
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement*	29	4

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Identifier	Return Reference	Explanation
NET OPERATING LOSS SCHEDULE	FORM 990-T, PART II	NOL SCHEDULE Net Operating Loss Carryforward 15 years Amount Generated 6/1/94- 5/31/95 17,794 Generated 6/1/95- 5/31/96 68,231 Generated 6/1/96- 5/31/97 130,288 Generated 6/1/97- 5/31/98 11,097 Net Operating Loss Carryforward 20 years Generated 6/1/98- 5/31/99 34,245 Generated 6/1/99- 5/31/00 50,378 Generated 6/1/00- 5/31/01 61,893 Generated 6/1/01- 5/31/02 273,220 Generated 6/1/02- 5/31/03 228,374 Generated 6/1/03- 5/31/04 1,002,722 Generated 6/1/04- 5/31/05 144,323 Generated 6/1/05- 5/31/06 1,577,808 Generated 6/1/06- 5/31/07 969,920 Generated 6/1/07- 5/31/08 871,381 Generated 6/1/08- 5/31/09 1,050,418 Carried forward to 5/31/10 tax year 6,492,092

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 10		AN INDEPENDENT TAX PREPARATION FIRM IS ENGAGED TO ASSIST IN COMPILING FORM 990 WITH DATA PROVIDED FROM THE FINANCIAL SERVICES OFFICE COLLEGE MANAGEMENT REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY PRIOR TO FILING, FORM 990 IS AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES IN ADDITION, MANAGEMENT SPECIFICALLY MEETS WITH THE AUDIT COMMITTEE TO REVIEW THE FORM 990 PRIOR TO FILING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C		The College monitors and enforces its Conflict of Interest Policy through the use of an annual signed statement from Trustees, Administrative Officers, Department Directors and Chairpersons By signing the Conflict of Interest Disclosure Statement, an individual certifies that they have reviewed the Colleges Conflict of Interest policy, acknowledged responsibility to place the interest of the College above personal interest in executing duties, and disclosed any possible personal, familial, and/or business relationships that reasonably could give rise to a conflict of interest involving Gettysburg College Completion of the form is also acknowledgement that individuals have a responsibility under the Policy to advise the Board of any significant changes Trustees, Administrative Officers, or Directors who have a conflict of interest in a proposed transaction are required to refrain from participating in consideration of the transaction Additional restrictions on transactions between the College and (i) a Trustee, (ii) a Family Member of a Trustee, (iii) members of the President's Council, (iv) a Family Member of a member of the President's Council, or (v) any organization with whom any of the foregoing persons have a Business Relationship (collectively a "Disqualified Party") exist As a general policy, the College shall not transact business with a Disqualified Party, and no Disqualified Party shall solicit business from the College if it would create a potential Conflict of Interest Certain exceptions apply as specified in the Policy

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15 A,B		THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IS CHARGED WITH THE RESPONSIBILITY TO REGULARLY REVIEW THE COMPENSATION OF THE PRESIDENT AND TO DECIDE WHETHER ACTION IS REQUIRED TO ADJUST ONE OR MORE COMPONENTS OF THE COMPENSATION PACKAGE THE COMMITTEE IS FURTHER CHARGED WITH THE RESPONSIBILITY TO BE FULLY INFORMED ABOUT THE COMPENSATION STATUS FOR EACH OF THE OTHER OFFICERS TO ASSIST IN THE ASSESSMENT OF REASONABLENESS FOR COMPENSATION ADJUSTMENTS FOR THE PRESIDENT AND OTHER OFFICERS, THE EXECUTIVE COMPENSATION COMMITTEE PERIODICALLY RETAINS AN INDEPENDENT COMPENSATION CONSULTANT TO COMPILE A COMPENSATION STUDY WHICH RELIES ON MARKET DATA RELEVANT IN SCOPE AND SCALE TO OPERATING RESPONSIBILITIES WITHIN THE COLLEGE THE COMPENSATION STUDY, PERFORMANCE REVIEWS AND COMPENSATION PLANS ARE REVIEWED AND DISCUSSED ANNUALLY DURING AN EXECUTIVE COMPENSATION COMMITTEE MEETING COMPENSATION DECISIONS ARE REFLECTED IN AMENDMENTS TO THE PRESIDENT'S EMPLOYMENT AGREEMENT AND OTHER OFFICERS' ANNUAL SALARY LETTERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		GETTYSBURG COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
SCHEDULE E, PART I, LINE 6A		FUNDS ARE UTILIZED FOR STUDENT FINANCIAL AID PACKAGES, RESEARCH, AND OTHER FEDERAL PROGRAMS

Identifier	Return Reference	Explanation
SCHEDULE R, PART III, LINE 1, COL D		DIRECT CONTROLLING ENTITIES OF GETTYSBURG HOTEL INVESTORS, LP ARE BULLET LAND, INC GETTYSBURG HOTEL MANAGEMENT LLC

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
GETTYSBURG HOTEL MANAGEMENT LLC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 41-2224678	REAL ESTATE	PA	543,615	2,961,021	NA

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
GETTYSBURG HOTEL INVESTORS LP 300 NORTH WASHINGTON STREET GETTYSBURG, PA17325 23-2571553	REAL ESTATE	PA	SEE SCHEDULE O	UNRELATED	528,334	6,810,060		No	0		No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
BULLET LAND INC 300 NORTH WASHINGTON STREET GETTYSBURG, PA17325 23-2530522	REAL ESTATE	PA	GETTYSBURG COL	C CORP	250,600	341,124	100 %
MAJESTIC CONCESSIONS CORP 25 N CARLISLE ST GETTYSBURG, PA17325 75-3195760	CONCESSIONS	PA	GETTYSBURG COL	C CORP	49,501	45,650	100 %
GETTYSBURG HOTEL INC ONE LINCOLN SQUARE GETTYSBURG, PA17325 23-2678413	HOTEL SERVICES	PA	BULLET LAND INC	C CORP	3,653,075	734,879	0 %
POOLED LIFE INCOME FD OF GETTYSBURG COL 300 NORTH WASHINGTON STREET GETTYSBURG, PA17325 23-6902251	POOLED INCOME FND	PA	NA	TRUST	0	0	0 %
POOLED LIFE INCOME FD #2 GETTYSBURG COL 300 NORTH WASHINGTON STREET GETTYSBURG, PA17325 23-7691438	POOLED INCOME FND	PA	NA	TRUST	0	0	0 %

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	BULLET LAND INC	R	400,000
(2)	GETTYSBURG HOTEL MANAGEMENT LLC	R	400,000
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 23-1352641
Name: GETTYSBURG COLLEGE

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERRIN H BAKY , TRUSTEE	1 0	X						0	0	0
JAMES L BANKS JR , TRUSTEE	1 0	X						0	0	0
JOAN BEARDSLEY , TRUSTEE	1 0	X						0	0	0
KAREN A BURDACK , TRUSTEE	1 0	X						0	0	0
DONALD BURDEN , TRUSTEE	1 0	X						0	0	0
JAMES L CHEMEL , TRUSTEE	1 0	X						0	0	0
JESSE H DINER , TRUSTEE	1 0	X						0	0	0
ROBERT N DUELKS , TRUSTEE	1 0	X						0	0	0
JOYCE H ELSNER , TRUSTEE	1 0	X						0	0	0
ALAN J FUERSTMAN , TRUSTEE	1 0	X						0	0	0
BOB GARTHWAIT JR , TRUSTEE	1 0	X						0	0	0
ANDREW F GURLEY , TRUSTEE	1 0	X						0	0	0
LYNN S HOLUBA , TRUSTEE	1 0	X						0	0	0
SOTARO ISHII , TRUSTEE	1 0	X						0	0	0
JOHN F JAEGER , TRUSTEE	1 0	X						0	0	0
ROBERT H JOSEPH JR , TRUSTEE	1 0	X						0	0	0
J MICHAEL KELLY , TRUSTEE	1 0	X						0	0	0
JEAN C KIRCHHOFF , TRUSTEE	1 0	X						0	0	0
STEPHEN P MAHINKA , TRUSTEE	1 0	X						0	0	0
JOHN T O'CONNOR , TRUSTEE	1 0	X						0	0	0
STUART H REESE , TRUSTEE	1 0	X						0	0	0
JAMES H SCOTT , TRUSTEE	1 0	X						0	0	0
JEAN D SEIBERT , TRUSTEE	1 0	X						0	0	0
PETER G SEIDEN , TRUSTEE	1 0	X						0	0	0
RICHARD D SHIRK , TRUSTEE	1 0	X						0	0	0
RONALD J SMITH , TRUSTEE	1 0	X						0	0	0
ROBERT I UNANUE , TRUSTEE	1 0	X						0	0	0
KAYSIE UNIACKE , TRUSTEE	1 0	X						0	0	0
M CHRISTINE VICK , TRUSTEE	1 0	X						0	0	0
JAMES M WEAVER , TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
I CHARLES WIDGER , TRUSTEE	1 0	X						0	0	0
DEBRA J WOLGEMUTH , TRUSTEE	1 0	X						0	0	0
JANET RIGGS , PRESIDENT	40 0			X				267,695	0	54,344
DANIEL KONSTALID , VP FOR FINANCE & ADMIN /TREAS	40 0			X				195,762	0	42,203
JEFFREY BLAVATT , CEO EISENHOWER INSTITUTE	40 0			X				209,852	0	0
JAMES WHITE , INTERIM PROVOST	40 0			X				131,700	0	21,299
BARBARA FRITZE , VP FOR ENROLLMENT & EDUC SVCS	40 0					X		209,895	0	41,359
VICTORIA DOWLING , VP FOR DEVELOPMENT/ ALUMNI REL	40 0					X		184,950	0	43,068
RODNEY TOSTEN , VP FOR INFORMATION TECHNOLOGY	40 0					X		188,934	0	34,691
SUSAN EISENHOWER , CHAIRMAN LDRSHP/PUBLIC POLICY	40 0					X		196,406	0	0
JULIE RAMSEY , VP FOR COLLEGE LIFE/DEAN STDNT	40 0					X		150,857	0	42,289
KATHERINE HALEY WILL , FORMER PRESIDENT							X	355,727	0	42,547
DANIEL DENICOLA , FACULTY							X	164,097	0	34,527

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

GETTYSBURG COLLEGE IS A FOUR-YEAR, COEDUCATIONAL COLLEGE OF LIBERAL ARTS AND SCIENCES PROVIDING UNDERGRADUATE DEGREES. THE PURPOSE OF GETTYSBURG COLLEGE IS TO SERVE THE CAUSE OF LIBERAL EDUCATION IN CHANGING TIMES, BY PROVIDING A COMMUNITY OF LEARNING BOTH INSIDE AND OUTSIDE THE CLASSROOM COMMITTED TO THE DISCOVERY, EXPLORATION, AND EVALUATION OF THE IDEAS AND ACTIONS OF HUMANKIND, AND TO THE CREATIVE EXTENSION OF THAT DEVELOPING HERITAGE, AND THE PROMOTION OF MUSIC, THE ARTS, THEATER, LEADERSHIP AND VOLUNTEERISM WITHIN THE LOCAL, REGIONAL, AND GLOBAL COMMUNITIES.