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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

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

C Name of organization
GETTYSBURG COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
300 NORTH WASHINGTON STREET

Room/suite

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 $ 188,153,687

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GETTYSBURG EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1832

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
GETTYSBURG COLLEGE, A NATIONAL, RESIDENTIAL, UNDERGRADUATE COLLEGE COMMITTED TO A LIBERAL EDUCATION, PREPARES STUDENTS TO BE ACTIVE LEADERS AND PARTICIPANTS IN A CHANGING WORLD SEE ATTACHMENT 1

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,786
6	Total number of volunteers (estimate if necessary)	6	672
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	587,372
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-358,676

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,901,840	11,210,726
	9	Program service revenue (Part VIII, line 2g)	127,807,045	133,488,855
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,771,275	8,569,879
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,254,515	3,433,686
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,734,675	156,703,146
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,269,255	41,820,006
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	59,864,469	61,794,391
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,224,643		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	43,882,630	44,697,417
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	143,016,354	148,311,814
	19	Revenue less expenses Subtract line 18 from line 12	8,718,321	8,391,332

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	416,504,878	447,540,911
	21	Total liabilities (Part X, line 26)	136,824,724	135,796,462
	22	Net assets or fund balances Subtract line 21 from line 20	279,680,154	311,744,449

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.

Sign Here

Signature of officer | Date 2012-03-16

DANIEL T KONSTALID VP FOR FINANCE AND ADMIN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ KPMG LLP				Firm's EIN ▶
Firm's address ▶ 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102				Phone no ▶ (703) 286-8399

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

GETTYSBURG COLLEGE IS A HIGHLY SELECTIVE NATIONAL, FOUR-YEAR RESIDENTIAL COLLEGE OF LIBERAL ARTS AND SCIENCES WITH A STUDENT BODY OF APPROXIMATELY 2,600, IT IS LOCATED ON A 200-ACRE CAMPUS ADJACENT TO THE GETTYSBURG NATIONAL MILITARY PARK IN PENNSYLVANIA THE COLLEGE WAS FOUNDED IN 1832 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

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 501(c)(4) organizations and section 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 $ 130,839,442 including grants of $ 41,820,006) (Revenue $ 136,880,401)

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** ▶$ 130,839,442

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school 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 United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b–24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	3,482			
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	2,786			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 35			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 34			
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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 NORTH WASHINGTON ST
GETTYSBURG, PA 17325
(717) 337-6200

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,601,190	0	505,798

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶45

			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 on line 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 or individual 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	275,179
CB FLOORING LLC 9515 Gerwig Lane Suite 130 COLUMBIA, MD 21046	Flooring	218,727
RINEHART PAINTING 380 PLAINVIEW ROAD GETTYSBURG, PA 17325	PAINTING	214,468
LAWRENCE P TAYLOR 2025 MUMMASBURG ROAD GETTYSBURG, PA 17325	INSTRUCTOR TGLE	159,010
818 CONNECTICUT LLC 1111 14TH ST NW SUITE 200 WASHINGTON, DC 20005	LANDLORD	142,230

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶6

Part VIII Statement of Revenue

Line	Description	Amount / Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	Contributions, gifts, grants and other similar amounts					
1a	Federated campaigns . . . 1a					
b	Membership dues 1b	38,800				
c	Fundraising events 1c	96,306				
d	Related organizations . . . 1d					
e	Government grants (contributions) 1e	1,503,045				
f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,572,575				
g	Noncash contributions included in lines 1a-1f $	957,314				
h	**Total.** Add lines 1a-1f . . . . ▶		11,210,726			
	Program Service Revenue	Business Code				
2a	TUITION AND FEES	900099	107,180,623	107,180,623		
b	AUXILIARY SERVICES	900099	25,165,230	25,165,230		
c	CONFERENCES AND CONVENTIONS	611710	594,547		594,547	
d	THEATER	711110	548,455	339,479	208,976	
e						
f	All other program service revenue					
g	**Total.** Add lines 2a–2f . . . . ▶		133,488,855			
	Other Revenue					
3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,555,667		-216,151	3,771,818
4	Income from investment of tax-exempt bond proceeds . . ▶		0			
5	Royalties . . . . ▶		0			
6a	Gross Rents — (i) Real: 42,140; (ii) Personal:					
b	Less rental expenses — (i) Real: ; (ii) Personal:					
c	Rental income or (loss) — (i) Real: 42,140; (ii) Personal:					
d	Net rental income or (loss) . . . . ▶		42,140			42,140
7a	Gross amount from sales of assets other than inventory — (i) Securities: 34,923,742; (ii) Other: 26,275					
b	Less cost or other basis and sales expenses — (i) Securities: 29,828,969; (ii) Other: 106,836					
c	Gain or (loss) — (i) Securities: 5,094,773; (ii) Other: -80,561					
d	Net gain or (loss) . . . . ▶		5,014,212			5,014,212
8a	Gross income from fundraising events (not including $ 96,306 of contributions reported on line 1c) See Part IV, line 18 . . . a	23,120				
b	Less direct expenses . . . b	23,120				
c	Net income or (loss) from fundraising events . . ▶		0			
9a	Gross income from gaming activities See Part IV, line 19 . 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	2,116,103				
b	Less cost of goods sold . . b	1,491,616				
c	Net income or (loss) from sales of inventory . . ▶		624,487	624,487		
	Miscellaneous Revenue	Business Code				
11a	WORKSHOP FEES	900099	1,008,822	1,008,822		
b	ADMINISTRATIVE FEES	900099	142,948	142,948		
c	STUDENT LOAN INTEREST	900099	126,653	126,653		
d	All other revenue		1,488,636	1,488,636		
e	**Total.** Add lines 11a–11d . . . . . . ▶		2,767,059			
12	**Total revenue.** See Instructions . . . ▶		156,703,146	136,076,878	587,372	8,828,170

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	39,229,300	39,229,300		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	2,590,706	2,590,706		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,094,648	1,029,966	668,489	396,193
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	362,181	362,181		
7	Other salaries and wages	43,176,580	36,281,329	4,845,090	2,050,161
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,584,560	3,752,914	608,361	223,285
9	Other employee benefits	8,385,074	6,864,037	1,143,289	377,748
10	Payroll taxes	3,191,348	2,548,488	473,877	168,983
a	Fees for services (non-employees) Management	0			
b	Legal	301,433		301,433	
c	Accounting	108,014	8,939	99,075	
d	Lobbying	0			
e	Professional fundraising services *See Part IV, line 17* . .	0			
f	Investment management fees	400,108		400,108	
g	Other	1,892,304	1,446,017	329,643	116,644
12	Advertising and promotion	469,272	186,749	176,897	105,626
13	Office expenses	8,546,300	7,146,944	1,169,167	230,189
14	Information technology	1,399,318	650,861	725,645	22,812
15	Royalties . .	0			
16	Occupancy	4,349,358	3,620,168	634,976	94,214
17	Travel	2,576,826	2,137,940	256,912	181,974
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	430,860	288,180	114,468	28,212
20	Interest	3,772,002	3,772,002		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,099,989	9,219,838	799,835	80,316
23	Insurance	554,258	527,061	25,179	2,018
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OFF CAMPUS STUDY	5,572,286	5,572,286		
b	COLLEGE STORE AND DINING	3,257,246	3,032,085	181,203	43,958
c	OTHER	967,843	571,451	294,082	102,310
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	148,311,814	130,839,442	13,247,729	4,224,643
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		834,505	1	683,083
	2	Savings and temporary cash investments		62,170,771	2	70,207,566
	3	Pledges and grants receivable, net		4,172,009	3	4,042,069
	4	Accounts receivable, net		1,288,347	4	1,079,203
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		4,831	5	283
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		5,679,898	7	6,030,428
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,732,766	9	3,294,450
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 294,876,944			
	b	Less accumulated depreciation	10b 137,011,696	162,963,161	10c	157,865,248
	11	Investments—publicly traded securities		84,926,829	11	99,853,005
	12	Investments—other securities See Part IV, line 11		66,261,522	12	76,846,892
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		23,470,239	15	27,638,684
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		416,504,878	16	447,540,911
Liabilities	17	Accounts payable and accrued expenses		14,411,771	17	14,201,009
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		88,870,000	20	84,975,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		33,542,953	25	36,620,453
	26	**Total liabilities.** Add lines 17 through 25		136,824,724	26	135,796,462
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		145,359,747	27	160,166,060
	28	Temporarily restricted net assets		26,867,578	28	35,082,973
	29	Permanently restricted net assets		107,452,829	29	116,495,416
		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		279,680,154	33	311,744,449
	34	Total liabilities and net assets/fund balances		416,504,878	34	447,540,911

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	156,703,146
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,311,814
3	Revenue less expenses Subtract line 2 from line 1	3	8,391,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	279,680,154
5	Other changes in net assets or fund balances (explain in Schedule O)	5	23,672,963
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	311,744,449

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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).**

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 33 1/3% 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 33 1/3% 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).**

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)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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% support test—2009.** 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—2010.** 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—2009.** 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 June 30, 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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2010.** 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% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GINO ALBERTO JR 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
JOSEPH A BIERNAT TRUSTEE	1 0	X						0	0	0
DAVID BRENNAN 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
STEPHEN K CLOETINGH TRUSTEE	1 0	X						0	0	0
ENID W CORKRAN 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
FRED FIELDING TRUSTEE	1 0	X						0	0	0
ALAN FUERSTMAN TRUSTEE	1 0	X						0	0	0
BOB GARTHWAIT JR 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
JEAN C KIRCHHOFF TRUSTEE	1 0	X						0	0	0
ERIC B LINT 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LYNNE ROYER TRUSTEE	1 0	X						0	0	0
JOAN F SCHWEIZER TRUSTEE	1 0	X						0	0	0
CHARLES T SCOTT TRUSTEE	1 0	X						0	0	0
JAMES H SCOTT TRUSTEE	1 0	X						0	0	0
ELIZABETH B SEARLE 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
RONALD J SMITH 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
DEBRA J WOLGEMUTH TRUSTEE	1 0	X						0	0	0
JANET RIGGS PRESIDENT	40 0	X		X				310,625	0	45,648
CHRISTOPHER ZAPPE PROVOST	40 0			X				98,865	0	20,896
DANIEL KONSTALID VP FOR FINANCE & ADMIN / TREAS	40 0			X				204,287	0	51,482
ROBERT KALLIN VP FOR DEVELOPMENT	40 0			X				249,529	0	47,253
BARBARA FRITZE VP FOR ENROLLMENT & EDUC SRVS	40 0			X				220,972	0	41,808
RODNEY TOSTEN VP FOR INFORMATION TECHNOLOGY	40 0			X				200,601	0	38,600
JULIE RAMSEY VP FOR COLLEGE LIFE/DEAN STDNT	40 0			X				169,032	0	36,491
JANE NORTH EXECUTIVE VICE PRESIDENT	40 0			X				154,276	0	63,023
SUSAN EISENHOWER CHAIRMAN LDRSHP/PUBLIC POLICY	40 0					X		226,790	0	24,681
JEFFREY BLAVATT CEO EISENHOWER INSTITUTE	40 0					X		206,391	0	23,723
JAMES MYERS FACULTY	40 0					X		143,558	0	26,164
PHILIP BOBKO FACULTY	40 0					X		141,933	0	23,318
PETER STITT FACULTY / EDITOR FOR GB REVIEW	40 0					X		139,052	0	28,985
DANIEL DENICOLA FACULTY (FORMER PROVOST)	40 0						X	135,279	0	33,726

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 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 the arrangement 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	215,153,173	197,908,531	261,804,016		
b Contributions	4,408,678	2,460,396	2,072,872		
c Investment earnings or losses	33,682,075	24,185,356	-57,694,679		
d Grants or scholarships	2,546,418	2,681,973	2,557,438		
e Other expenditures for facilities and programs	4,808,269	6,719,137	5,716,240		
f Administrative expenses					
g End of year balance	245,889,239	215,153,173	197,908,531		

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

a Board designated or quasi-endowment ▶ 37 000 %

b Permanent endowment ▶ 47 000 %

c Term endowment ▶ 16 000 %

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)		No
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) Accumulated depreciation	(d) Book value
1a Land		4,443,891		4,443,891
b Buildings		240,838,355	102,157,808	138,680,547
c Leasehold improvements				
d Equipment		48,385,548	34,853,888	13,531,660
e Other		1,209,150		1,209,150
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				157,865,248

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	37,135,150	F
(B) REAL ASSETS	21,364,697	F
(C) PRIVATE EQUITY	18,347,045	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	76,846,892	

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
(1) FUNDS HELD IN TRUST BY OTHERS	27,638,684
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	27,638,684

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
STUDENT'S ADV PYMT & DEPOSITS	2,571,093
ADVANCES FROM FEDERAL GOV'T	2,215,334
DEP HELD IN CUSTODY FOR OTHERS	671,296
ANNUITIES PAYABLE	7,382,861
ACCRUED POST RETIREMENT COSTS	12,706,043
PROMISSORY NOTE PAYABLE	6,775,617
ACCUMULATED LOSS ON SWAP AGREE	855,386
BONDS PREMIUM	3,442,823
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	36,620,453

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	156,703,146
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	148,311,814
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,391,332
4	Net unrealized gains (losses) on investments	4	26,095,437
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,422,474
9	Total adjustments (net) Add lines 4 - 8	9	23,672,963
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	32,064,295

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	142,750,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	26,095,437		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-2,541,259		
e	Add lines **2a** through **2d**			2e	23,554,178
3	Subtract line **2e** from line **1**			3	119,196,600
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	37,506,546		
c	Add lines **4a** and **4b**			4c	37,506,546
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	156,703,146

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

1	Total expenses and losses per audited financial statements			1	110,686,483
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,535,119		
e	Add lines **2a** through **2d**			2e	1,535,119
3	Subtract line **2e** from line **1**			3	109,151,364
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	39,160,450		
c	Add lines **4a** and **4b**			4c	39,160,450
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	148,311,814

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 IV, 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 Also complete this part to provide any additional information

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 X, LINE 2		THE COLLEGE ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48), IN A PRIOR YEAR FIN 48 PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO RECOGNIZES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE THE IMPLEMENTATION OF FIN 48 HAD NO IMPACT ON THE COLLEGE'S STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES THE COLLEGE CONTINUES TO OPERATE UNDER FIN 48 AND DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR COSTS THAT SHOULD BE RECORDED
SCHEDULE D, PART XI, LINE 8		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT $ (658,785) POST RETIREMENT RELATED CHANGES (617,086) LOSS ON DEBT REFINANCING (824,495) ADVANCE INTEREST PMT ON DEBT REFINANCING (550,992) CHANGE IN NET ASSETS OF RELATED ENTITIES OTHER THAN DISREGARDED ENTITY 228,884 ___________ TOTAL, PART XI, LINE 8 $(2,422,474)
SCHEDULE D, PART XII, LINE 2D		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS $ (658,785) POST RETIREMENT RELATED CHARGES (617,086) LOSS ON DEBT REFINANCING (824,495) ADVANCE INTEREST PMT ON DEBT REFINANCING (550,992) CHANGE IN NET ASSETS OF RELATED ENTITIES (OTHER THAN DISREGARDED ENTITY) 110,099 _________ TOTAL SCHEDULE D, PART XII, LINE 2D $(2,541,259)
SCHEDULE D, PART XII, LINE 4B		COST OF GOODS SOLD $(1,491,616) FUNDRAISING EXPENSES (23,120) STUDENT AID 38,760,342 DISREGARDED ENTITY (139,168) INVESTMENT FEES OFFSETTING REVENUES IN FINANCIAL STATEMENTS 400,108 __________ TOTAL SCHEDULE D, PART XII, LINE 4B $37,506,546
SCHEDULE D, PART XIII, LINE 2D		COST OF GOODS SOLD REPORTED IN REVENUE $1,491,616 FUNDRAISING EXPENSES FROM EVENTS REPORTED IN REVENUE 23,120 NON-HOTEL RELATED ENTITY 20,383 _________ TOTAL SCHEDULE D, PART XIII, LINE 2D $1,535,119
SCHEDULE D, PART XIII, LINE 4B		STUDENT AID $38,760,342 INVESTMENT FEES OFFSETTING REVENUES IN FINANCIAL STATEMENTS 400,108 __________ TOTAL SCHEDULE D, PART XIII, LINE 4B $39,160,450

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
STUDENT'S ADV PYMT & DEPOSITS	2,571,093
ADVANCES FROM FEDERAL GOV'T	2,215,334
DEP HELD IN CUSTODY FOR OTHERS	671,296
ANNUITIES PAYABLE	7,382,861
ACCRUED POST RETIREMENT COSTS	12,706,043
PROMISSORY NOTE PAYABLE	6,775,617
ACCUMULATED LOSS ON SWAP AGREE	855,386
BONDS PREMIUM	3,442,823

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I

		Line	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 If you need more space use Part II	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, use Part II			
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, use Part II			
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 line 6a or line 6b, explain on Part II			
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," explain on Part II	7	Yes	

Part II Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE E, PART I, LINE 3		RACIALLY NONDISCRIMINATORY POLICY IS DESCRIBED IN CATALOGS, BROCHURES, RECRUITING ACTIVITIES AND WEBSITE
SCHEDULE E, PART I, LINE 6A		FEDERAL FUNDS ARE RECEIVED FOR STUDENT FINANCIAL AID PACKAGES, RESEARCH, AND OTHER PROGRAMS GETTYSBURG COLLEGE PARTICIPATES IN THE FOLLOWING FEDERAL STUDENT FINANCIAL AID PROGRAMS FEDERAL PELL, FSEOG, FEDERAL WORK STUDY, FEDERAL PERKINS LOAN, AND FEDERAL STAFFORD LOAN PROGRAMS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 for region/investments in region
	See Add'l Data					
3a	Sub-total					3,566,034
b	Total from continuation sheets to Part I		2			47,744,076
c	**Totals** (add lines 3a and 3b)		2			51,310,110

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 Part V 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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 Part V 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	Cent America/Caribbean	1			15,098	FINANCIAL AID	FMV
COLLEGE GRANT	East Asia/Pacific	44			543,480	FINANCIAL AID	FMV
COLLEGE GRANT	Europe/Iceland/Greenland	142			1,593,297	FINANCIAL AID	FMV
COLLEGE GRANT	Middle East/North Africa	12			175,234	FINANCIAL AID	FMV
COLLEGE GRANT	North America	1			3,500	FINANCIAL AID	FMV
COLLEGE GRANT	South America	11			148,713	FINANCIAL AID	FMV
COLLEGE GRANT	Sub-Saharan Africa	7			111,384	FINANCIAL AID	FMV

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* ☑ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☑ No

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	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 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

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(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 for region
Central America and the Caribbean			Fundraising		0
East Asia and the Pacific			Fundraising		0
Europe (Including Iceland and Greenland)			Fundraising		1,250
North America			Fundraising		0
Russia and the Newly Independent States			Fundraising		0
South America			Fundraising		0
South Asia			Fundraising		0
Sub-Saharan Africa			Fundraising		0
Central America and the Caribbean			Grantmaking		15,098
East Asia and the Pacific			Grantmaking		543,480
Europe (Including Iceland and Greenland)			Grantmaking		1,593,297
Middle East and North Africa			Grantmaking		175,234
North America			Grantmaking		3,500
South America			Grantmaking		148,713
Sub-Saharan Africa			Grantmaking		111,384
Central America and the Caribbean			Program Services	Study Abroad	15,751
East Asia and the Pacific			Program Services	Study Abroad	958,327
Europe (Including Iceland and Greenland)		1	Program Services	Study Abroad	3,543,881
Middle East and North Africa			Program Services	Study Abroad	187,470
North America			Program Services	Study Abroad	20,750
South America		1	Program Services	Study Abroad	269,353
Sub-Saharan Africa			Program Services	Study Abroad	149,456
Central America and the Caribbean			Program Services	Education	12,637
East Asia and the Pacific			Program Services	Education	8,563
Europe (Including Iceland and Greenland)			Program Services	Education	21,190
North America			Program Services	Education	1,665
Sub-Saharan Africa			Program Services	Education	6,197
Central America and the Caribbean			Program Services	Recruitment	141
Europe (Including Iceland and Greenland)			Program Services	Recruitment	490
North America			Program Services	Recruitment	571
Central America and the Caribbean			Program Services	Research	3,690
East Asia and the Pacific			Program Services	Research	1,503
Europe (Including Iceland and Greenland)			Program Services	Research	16,934
Middle East and North Africa			Program Services	Research	585
Central America and the Caribbean			Investments		41,872,000
Europe (Including Iceland and Greenland)			Investments		1,627,000

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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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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 ☐ Internet and e-mail 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 services? ☐ **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 and address 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	119,426			119,426
	2 Less Charitable contributions	96,306			96,306
	3 Gross income (line 1 minus line 2)	23,120			23,120
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,120			23,120
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				23,120
	11 Net income summary Combine lines 3 and 10 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) ▶				

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? ☐ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

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? . . . . ☐ 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? . . . . ☐ Yes ☐ No

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? . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2010

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" to 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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" to 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
(1) GRANTS AND SCHOLARSHIPS PAID	1619		38,760,343	FMV	FINANCIAL AID
(2) OFF CAMPUS GRANTS AND OTHER ASSISTANCE	12		121,548	FMV	FINANCIAL AID
(3) PRIZES AND AWARDS	128	214,161		FMV	
(4) FELLOWSHIPS	22	133,248		FMV	

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		GETTYSBURG COLLEGE'S FINANCIAL AID PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IS DESCRIBED ON SCHEDULE F, PART IV

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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)** Retirement and other 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 reportable compensation				
(1) JANET RIGGS	(i)	308,048	0	2,577	31,410	21,620	363,655	0
	(ii)	0	0	0	0	0	0	0
(2) DANIEL KONSTALID	(i)	203,547	0	740	26,403	26,211	256,901	0
	(ii)	0	0	0	0	0	0	0
(3) ROBERT KALLIN	(i)	191,034	0	58,495	24,441	23,510	297,480	0
	(ii)	0	0	0	0	0	0	0
(4) BARBARA FRITZE	(i)	212,448	0	8,524	25,701	17,221	263,894	0
	(ii)	0	0	0	0	0	0	0
(5) RODNEY TOSTEN	(i)	199,982	0	619	24,777	14,922	240,300	0
	(ii)	0	0	0	0	0	0	0
(6) JULIE RAMSEY	(i)	167,081	0	1,951	20,132	16,964	206,128	0
	(ii)	0	0	0	0	0	0	0
(7) JANE NORTH	(i)	153,047	0	1,229	18,056	45,525	217,857	0
	(ii)	0	0	0	0	0	0	0
(8) SUSAN EISENHOWER	(i)	225,500	0	1,290	24,420	1,359	252,569	0
	(ii)	0	0	0	0	0	0	0
(9) JEFFREY BLAVATT	(i)	193,462	0	12,929	23,439	1,360	231,190	0
	(ii)	0	0	0	0	0	0	0
(10) JAMES MYERS	(i)	141,602	0	1,956	12,205	14,707	170,470	0
	(ii)	0	0	0	0	0	0	0
(11) PHILIP BOBKO	(i)	140,634	0	1,299	15,795	8,415	166,143	0
	(ii)	0	0	0	0	0	0	0
(12) PETER STITT	(i)	135,447	0	3,605	15,161	16,709	170,922	0
	(ii)	0	0	0	0	0	0	0
(13) DANIEL DENICOLA	(i)	131,705	0	3,574	15,636	18,601	169,516	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No	(i) Pool financing Yes	(i) Pool financing No
A	ADAMS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-2988777	006116AM9	11-01-2008	18,279,997	FINANCE CONST & RENOV OF THE CENTE		X		X		X
B	ADAMS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-2988777	006116BJ5	06-01-2010	71,523,663	REFINANCING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	18,279,997	71,523,663		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrow	0	0		
7	Issuance costs from proceeds	272,899	722,014		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	18,007,098	0		
11	Other spent proceeds	0	70,801,649		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2009	2010		

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

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	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 section 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 section 501(c)(3) organization, or a state or local government ▶	1 070 %		1 160 %					
6	Total of lines 4 and 5	1 070 %		1 160 %					
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

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X					
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PART II, LINE 11		AMOUNT OF BOND ISSUANCE PROCEEDS USED TO IMMEDIATELY PAY OFF PRIOR DEBT

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

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).

Complete if the organization 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.

Complete if the organization 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
(1) JANE NORTH COMPUTER PURCHASE		X	1,841	283		No		No	Yes	
Total . . . . . ▶ $				283						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.
Complete if the organization 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**
(1) PETER NORTH	SPOUSE/OFFICER	164,352	EMPLOYEE COMPENSATION		No
(2) SUNNI DENICOLA	SPOUSE/FORMER OFFICER	23,873	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		48,039	APPRAISAL/FMV
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	60	903,597	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 ▶ (EVENT EXPENSES)	X	4	2,962	FMV
26 Other ▶ (SUPPLIES)	X	4	2,716	FMV
27 Other ▶( )				
28 Other ▶ ( )				

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** 1

		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**	Yes	
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	Return Reference	Explanation
USE OF THIRD PARTIES		GETTYSBURG COLLEGE USES THIRD PARTY BROKERS TO PROCESS AND SELL ALL GIFTS OF PUBLICLY TRADED SECURITIES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 11A		THE FORM 990 IS PREPARED BY GETTYSBURG COLLEGE AND IS REVIEWED BY COLLEGE MANAGEMENT AND AN INDEPENDENT TAX FIRM 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 COMMITTEEE 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 INTERST 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 COLLEGE'S 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 TRUSTREE, (III) MEMBER 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 AND B		THE EXECUTIVE COMPENSATION SUB-COMMITEE OF THE BOARD OF TRUSTEES (THE ECSC) 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 ECSC 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 ECSC 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 ENDORSED DURING AN ECSC MEETING COMPENSATION DECISIONS ARE REFLECTED IN AMENDMENTS TO THE PRESIDENT'S EMPLOYMENT AGREEMENT AND IN SALARY LETTERS FOR OTHER OFFICERS AND OTHER VICE PRESIDENTS

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
FORM 990, PART XI, LINE 5		PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS NET UNREALIZED GAINS $26,095,437 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (658,785) POST RETIREMENT RELATED CHANGES (617,086) LOSS ON DEBT REFINANCING (824,495) ADVANCE INTEREST PMT ON DEBT REFINANCING (550,992) CHANGE IN NET ASSETS OF RELATED ENTITIES 89,716 DISREGARDED ENTITY 139,168 _______________ TOTAL PART XI, LINE 5 $23,672,963

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) GETTYSBURG HOTEL MANAGEMENT LLC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 41-2224678	REAL ESTATE	PA		3,003,084	NA

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) GETTYSBURG HOTEL INVESTORS LP ONE LINCOLN SQUARE GETTYSBURG, PA17325 23-2571553	REAL ESTATE	PA	SEE PART VII	EXCL UNDER 512(B)13	475,310	6,622,059		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BULLET LAND INC 300 NORTH WASHINGTON STREET GETTYSBURG, PA17325 23-2530522	REAL ESTATE	PA	GETTYSBURG COL	C CORP	244,364	504,004	100 000 %
(2) MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA17325 75-3195760	CONCESSIONS	PA	GETTYSBURG COL	C CORP	12,104	46,790	100 000 %
(3) GETTYSBURG HOTEL INC ONE LINCOLN SQUARE GETTYSBURG, PA17325 23-2678413	HOTEL SERVICE	PA	BULLET LAND INC	C CORP	4,539,837	1,202,754	
(4) EMPLOYER-CONTRIBUTION VEBA TRUST 300 NORTH WASHINGTON STREET GETTYSBURG, PA17325 04-3838440	RETIREMENT TRUST	PA	GETTYSBURG COL	501(C)(9)			
(5) EMPLOYEE-CONTRIBUTION VEBA TRUST 300 NORTH WASHINGTON STREET GETTYSBURG, PA17325 04-3838463	RETIREMENT TRUST	PA	GETTSYBURG COL	501(C)(9)			
(6) CHARITABLE ANNUITY TRUSTS	ANNUITY	PA	NA	TRUST		141,807	100 000 %
(7) CHARITABLE UNITRUSTS	ANNUITY	PA	NA	TRUST		1,535,531	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Line	Yes	No
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		No
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	Yes	
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	Yes	
q	Other transfer of cash or property to other organization(s)	1q	Yes	
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	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) EMPLOYER-CONTRIBUTION VEBA TRUST	Q	253,559	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

Return to Form

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

Form 990, Schedule R, 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, PA 17325 23-2530522	REAL ESTATE	PA	GETTYSBURG COL	C CORP	244,364	504,004	100 000 %
MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA 17325 75-3195760	CONCESSIONS	PA	GETTYSBURG COL	C CORP	12,104	46,790	100 000 %
GETTYSBURG HOTEL INC ONE LINCOLN SQUARE GETTYSBURG, PA 17325 23-2678413	HOTEL SERVICE	PA	BULLET LAND INC	C CORP	4,539,837	1,202,754	
EMPLOYER-CONTRIBUTION VEBA TRUST 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 04-3838440	RETIREMENT TRUST	PA	GETTYSBURG COL	501(C)(9)			
EMPLOYEE-CONTRIBUTION VEBA TRUST 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 04-3838463	RETIREMENT TRUST	PA	GETTSYBURG COL	501(C)(9)			
CHARITABLE ANNUITY TRUSTS	ANNUITY	PA	NA	TRUST		141,807	100 000 %
CHARITABLE UNITRUSTS	ANNUITY	PA	NA	TRUST		1,535,531	100 000 %