

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



DLN: 93493084000093

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

THO THO	revende	COLVIDO				Inspection				
		2011 calendar year, or tax year beginning 06-01 C Name of organization	-2011 and ending 05-31-201	.2	D Employer i	dentification number				
_		GETTYSBURG COLLEGE								
_	dress ch	Doing Business As			23-13526 E Telephone					
_	me chai				(717) 337	7-6200				
Ini	tıal retui	Number and street (of P O box if mail is not o	delivered to street address) Room/s	uite		ts \$ 193,876,195				
Te	rmınated	d 300 NORTH WASHINGTON STREET			G Gloss receip	15 \$ 193,070,193				
— Am	nended i	• • • • • • • • • • • • • • • • • • • •	L							
— Ар	plication	GETTYSBURG, PA 17325 pending								
		F Name and address of principal of	ficer	H(a) Is the	s a group retu	ırn for				
		DANIEL T KONSTALID		affilia		⊤Yes ▼No				
		300 NORTH WASHINGTON STREE GETTYSBURG, PA 17325	Т							
		GLTTTSBURG, FA 17323		1	affiliates inclu					
r Ta	ıx-exem	ppt status	☐ 4947(a)(1) or ☐ 527			st (see instructions)				
			, , , , , , , , , , , , , , , , , , ,	H(c) Grou	p exemption r	iumber F				
J W	ebsite	∷► WWW GETTYSBURG EDU								
K For	m of org	ganization 🔽 Corporation 🦵 Trust 🦵 Association 🦵 Othe	er 🕨	L Year of for	mation 1832	M State of legal domicile PA				
Pa	rt I	Summary								
Governance	E	Briefly describe the organization's mission or mo GETTYSBURG COLLEGE, A NATIONAL, RESID EDUCATION, PREPARES STUDENTS TO BE AG ATTACHMENT 1	ENTIAL, UNDERGRADUATE							
e O		Charly then have be stated a supposed to a continu		of more than 2						
	1	Check this box 📭 if the organization discontinu			ı	1				
Activities &		Number of voting members of the governing body			3	36				
į		Number of independent voting members of the go				35				
5		Fotal number of individuals employed in calendar			5	2,735				
4		Total number of volunteers (estimate if necessar			6	813				
		Fotal unrelated business revenue from Part VIII			7a	-193,270				
	b r	Net unrelated business taxable income from Forr	m 990-1, line 34		7b	-1,224,956				
	١.			r Year	Current Year					
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		11,210,726						
Ravenue	9	Program service revenue (Part VIII, line 2g)		33,488,855						
產	10	Investment income (Part VIII, column (A), line		8,569,879	4,582,088					
	11	Other revenue (Part VIII, column (A), lines 5, Total revenue—add lines 8 through 11 (must e			3,433,686	2,903,075				
	12	12)			56,703,146	165,425,227				
	13	Grants and similar amounts paid (Part IX, colu			41,820,006	45,702,636				
	14	Benefits paid to or for members (Part IX, colun	nn (A), line 4)		0	0				
	15	Salaries, other compensation, employee benefi	its (Part IX, column (A), lines		61,794,391	64,695,133				
Expenses		5-10)								
ξ.	16a	Professional fundraising fees (Part IX, column	(A), line 11e)	0						
ਨੌ	Ь	Total fundraising expenses (Part IX, column (D), line 25)	▶ 4,892,555							
_	17	Other expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)	. 44,697,417 45,904,5						
	18	Total expenses Add lines 13-17 (must equal	Part IX, column (A), line 25)	1	48,311,814	156,302,341				
	19	Revenue less expenses Subtract line 18 from	line 12		8,391,332	9,122,886				
88					of Current	End of Year				
96. 10.00	20	Total accord (Part V. line 16)				AA1 E24 420				
8		Total lassets (Part X, line 16)								
<u> </u>										
		Net assets or fund balances Subtract line 21 signature Block	nom me 20		,/ -7,443	307,203,720				
Unde know	20 21 22 rt III r penal	of Current ear 47,540,911 35,796,462 11,744,449	9,122,8							
Sigr		Signature of officer		20 Da	13-03-14 te					
Sigr Her		DANIEL T KONSTALID VP FOR FINANCE & ADMIN								
		Type or print name and title								
		Drawards b	Date	Check If	Prenarer's tavi	payer identification number				
n		Preparer's signature		self-	(see instruction					
Paid	اسمورم	, , , , , , , , , , , , , , , , , , ,		employed 🕨 🦵						
•	arer's	Firm's name (or yours KPMG LLP if self-employed),		EIN ▶						
Use	only	address, and ZIP + 4 1676 INTERNATIONAL DRIVE								
		MCLEAN, VA 22102			Phone no 🕨	(703) 286-8399				
		110001111, 111 22102			1					

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III	Statement of Program S Check if Schedule O contains a			ı	
1	Brief	y describe the organization's mi	ssion			
SCIE GET GET OF L EVA HER	NCES TYSBU TYSBU EARNI LUATI ITAGE	RG COLLEGE IS A HIGHLY SEI WITH A STUDENT BODY OF A RG NATIONAL MILITARY PAR RG COLLEGE IS TO SERVE TH NG BOTH INSIDE AND OUTSI ON OF THE IDEAS AND ACTIO , AND THE PROMOTION OF MI , AND GLOBAL COMMUNITIES	PPROXIMATELY 2 K IN PENNSYLVAN E CAUSE OF LIBEI DE THE CLASSRO NS OF HUMANKII JSIC, THE ARTS, T	2,700, IT IS LOCATE IIA THE COLLEGE W RAL EDUCATION IN OM COMMITTED TO ND, AND TO THE CRE	D ON A 200-ACRE CAMPU /AS FOUNDED IN 1832 TH CHANGING TIMES, BY PRO THE DISCOVERY, EXPLOR EATIVE EXTENSION OF TH	S ADJACENT TO THE LE PURPOSE OF DVIDING A COMMUNITY RATION, AND HAT DEVELOPING
2		ne organization undertake any sie nor Form 990 or 990-EZ?		ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new services	on Schedule O			
3	servi	ne organization cease conducting ces?		nt changes in how it co	onducts, any program	┌ Yes ┌ No
4	Desc exper	ribe the organization's program s nses Section 501(c)(3) and 501 s and allocations to others, the t	ervice accomplishr (c)(4) organization	s and section 4947(a)(1) trusts are required to re	port the amount of
4a	(Code	e) (Expenses \$	138,073,801	ıncludıng grants of \$	45,702,635) (Revenue \$	145,687,197)
	•	RGRADUATE EDUCATION OF STUDENTS		33	, , , , ,	, , ,
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4d	O+b	er program services (Describe ii	Schadula O \			
-ru		er program services (Describe ii ienses \$	including grants o	f¢) (Revenue \$	١
_				· · · · · · · · · · · · · · · · · · ·	/ (Nevellue p	,
4e	ıota	l program service expenses - \$	138.073.80	<i>)</i>		

art 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 instructions)? $^{f 2}$	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? <i>If</i> "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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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 ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part 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	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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		N o
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 questions 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		N o
	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		N o
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
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	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 3,470			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
h	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," provide an explanation in Schedule O	3b	Yes	
на	over, a financial account in a foreign country (such as a bank account or securities 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			
a	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		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible?			
,	were not tax deductible?	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
h	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70	165	
	file Form 8282?	7 c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
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		
1	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		
)	Sponsoring organizations maintaining donor advised funds.	•		
а	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
O	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
,	sources against amounts due or received from them)			
	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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.

Section	A Governing Body and Management		,	,	·				,			
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI										.┏	
	a no response to lines 8a, 8b, or 10b below, describe the circu	111151	ance	:s, p	LOCE	2556	5, 0	I CII	any	e5 11	i Schedul	=

	etion 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure		. 5.	T.N.I
17	List the States with which a copy of this Form 990 is required to be filed AZ, CA, FL, KY, ME, MD, MI, MN, M VA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501/c)	O , NH	1 , PA ,	ſN,

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- ☐ O wn website ☐ A nother's website ☑ U pon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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

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

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

1a Complete this table for all persons required to be listed 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(A) e and Title A verage hours per week			C) o no n one son er ar	t che e bo: is bo nd a	eck x, oth		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						com fr organ	(D) portable pensation om the itzation (W- 99-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima amount o compens from f organizat	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former			MISC)		relat organiza	
See A	ddıtıonal Data Table											+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
1b	Sub-Total				<u> </u>	٠.		<u> </u>				\dashv		
С	Total from continuation sheets	to Part VII, Sec	tion A					>						
d	Total (add lines 1b and 1c) .							<u> </u>		2,467,690		0		582,278
2	Total number of individuals (incl \$100,000 of reportable compen						ароуе) wno	receiv	/ed more th	an 			
3	Did the organization list any form on line 1a? <i>If</i> " <i>Yes,"</i> complete Sch											3	Yes	No No
4	For any individual listed on line 1 organization and related organization and related organization.											4	Yes	
5	Did any person listed on line 1a						•			-	or individual for	-	1	
	services rendered to the organiz	ation? <i>If</i> " <i>Yes,"</i> (complet	e Sch	edul	e J f	or suci	h per	son .		. [5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
380 P GETT	D RINEHART PAINTING LAINVIEW ROAD YSBURG, PA 17325									PAINTING				289,856
1 S C	ES WALLACE NURICK HURCH STREET ETON, PA 18201									LEGAL COUN	ISEL			274,798
LAWRENCE P TAYLOR 2025 MUMMASBURG ROAD INSTRUCTOR TGLE											r tgle			167,030
GETTYSBURG, PA 17325 818 CONNECTICUT LLC 1111 14TH STREET NW SUITE 200 LANDLORD														
818 C 1111 WASH	14TH STREET NW SUITE 200 INGTON, DC 20005		1111 14TH STREET NW SUITE 200 WASHINGTON, DC 20005 JIM BARBARA ENTWISTLE											
818 C 1111 WASH JIM B 1260 GETT	14TH STREET NW SUITE 200 INGTON, DC 20005									LANDLORD				150,045

Form 99								Page 9
Part V	/++1	Statement o	of Revenue		(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	b c d e f	Fundraising ever Related organiz Government grant All other contribute similar amounts no	tes	38,677 120,410 1,078,985 13,882,635				
S E	h	Total. Add lines	s 1a-1f	•	15,120,707			
Program Service Revenue	2a b c d	AUXILIARY SERVICE CONFERENCES AN THEATER	ES	900099 900099 611710 711110	114,033,193 27,613,412 626,611 546,141	114,033,193 27,613,412 312,157	626,611 233,984	
Progran	f g		am service revenue		142,819,357			
	3 4 5	and other simil	ome (including divident ar amounts) stment of tax-exempt bond i	proceeds	3,363,447 0 0		-1,053,865	4,417,312
	6a b c	Gross rents Less rental expenses Rental income or (loss)	(I) Real 35,235 35,235	(II) Personal				
	d 7a	Gross amount from sales of assets other	me or (loss) (1) Securities 28,192,083	(II) O ther 9,350	35,235			35,235
	b c d	Less cost or other basis and sales expenses Gain or (loss)	26,977,748 1,214,335	5,044 4,306	1,218,641			1,218,641
Other Revenue	8a	Gross income f events (not inc \$120 of contributions	rom fundraising		3,23,73			3,237,13
Other	b c 9a	Net income or o	penses b (loss) from fundraising of the following activities are 19	13,579 13,579 events ►	0			
	ь с 10а	Net income or o		vities	0			
	b c	_	owances . a oods sold b (loss) from sales of inve	2,004,511 1,454,597 entory •	549,914	549,914		
		Miscellaneous WORKSHOP FE	s Revenue	Business Code 900099 900099	221,466 145,614	221,466 145,614		
	c d	STUDENT LOA	N INTEREST	900099	126,335 1,824,511	126,335 1,824,511		
	12		s 11a-11d	· · · · •	2,317,926			
				- -	165,425,227	144,826,602	-193,270	5,671,188

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

<u>C</u>	heck if Schedule O contains a response to any question in this Part IX			<u>l .</u>	
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	42,695,380	42,695,380		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,007,256	3,007,256		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,073,353	1,055,880	659,759	357,714
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	178,680	178,680		
7	Other salaries and wages	45,227,970	37,940,885	4,935,196	2,351,889
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,660,198	3,884,425	530,364	245,409
9	Other employee benefits	9,272,427	7,650,792	1,143,512	478,123
10	Payroll taxes	3,282,505	2,666,625	429,973	185,907
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	355,373	1,565	338,939	14,869
c	Accounting	99,393	4,100	95,293	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	409,937		409,937	
g	Other	2,185,329	1,473,158	460,516	251,655
12	Advertising and promotion	494,661	190,543	221,039	83,079
13	Office expenses	8,265,882	6,951,510	1,032,721	281,651
14	Information technology	1,487,787	598,599	878,294	10,894
15	Royalties	0			
16	Occupancy	4,137,526	3,463,223	552,743	121,560
17	Travel	3,020,533	2,392,894	323,390	304,249
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	523,647	342,821	134,857	45,969
20	Interest	4,056,704	4,056,704		_
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,408,196	8,640,926	695,834	71,436
23	Insurance	461,750	439,203	20,874	1,673
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)				
а	OFF CAMPUS STUDY	6,269,424	6,269,424		
b	COLLEGE STORE AND DINING	3,571,780	3,299,874	206,668	65,238
c	SUBSCRIPTIONS AND MEMBERSHIPS	486,949	309,378	168,171	9,400
d	ADMINISTRATIVE FEES	254,608	254,608	0	0
е					
f	All other expenses	415,093	305,348	97,905	11,840
25	Total functional expenses. Add lines 1 through 24f	156,302,341	138,073,801	13,335,985	4,892,555
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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 683,083 467,141 1 70.207.566 73,672,855 2 2 Savings and temporary cash investments 3 4,042,069 7,831,008 1.079.203 909.669 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 283 5 1,377 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 0 8 3,294,450 9 9 3,767,732 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 291,904,543 10a Part VI of Schedule D 10a 10b 135,005,343 b Less accumulated depreciation 157,865,248 10c 156,899,200 99,853,005 11 92,001,003 11 76,846,892 74, 157, 868 12 12 Investments—other securities See Part IV, line 11 13 6,030,428 13 6,186,415 Investments—program-related See Part IV, line 11 . . 14 14 27,638,684 15 25,630,170 15 447,540,911 441,524,438 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 14,201,009 17 15,630,466 17 Accounts payable and accrued expenses . 18 18 0 19 19 0 20 84.975.000 20 81,705,000 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 36,620,453 25 36,983,246 D 26 135,796,462 26 134,318,712 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 160,166,060 27 151,614,032 Unrestricted net assets 35,082,973 28 34, 125, 708 28 Temporarily restricted net assets Fund 29 116,495,416 29 121,465,986 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 311.744.449 33 307, 205, 726 34 Total liabilities and net assets/fund balances 447.540.911 441.524.438

Pai	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		165.4	125,22
2	Total expenses (must equal Part IX, column (A), line 25)	2			302,34
3	Revenue less expenses Subtract line 2 from line 1	3		9,1	122,88
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		311,7	744,44
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-13,6	561,60
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		307,2	205,72
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O 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 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 in on a separate basis, consolidated basis, or both	ssued			
	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 th Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE A

(Form 990 or 990EZ)

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.

Inspection **Employer identification number**

GETTYSBURG COLLEGE 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 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 **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions))

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
Explanation									

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493084000093

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

Internal Revenue Service		► Attach to Fo	Inspection			
Name of the organ			Employer identific	ation number		
GE ⁻	TTYSBURG COLLEGE			23-1352641		
Pa	rt I Organ	izations Maintaining Donor Ac	dvised Funds or Other Similar Fu		s. Complete if the	
	organiz	zation answered "Yes" to Form 99	, , , , , , , , , , , , , , , , , , , ,		•	
			(a) Donor advised funds	(b) Funds and	other accounts	
1	Total number a					
2		tributions to (during year)				
3	33 3 3	nts from (during year)				
4		ue at end of year				
5	Did the organiz funds are the o	┌ Yes ┌ No				
6	used only for c conferring impe	haritable purposes and not for the ben ermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	ny other purpose	┌ Yes ┌ No	
Pa	rt III Conse	rvation Easements. Complete	if the organization answered "Yes" to	<u>o Form 990, Part I</u>	V, line 7.	
2	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a–2d if the organization held a quali he last day of the tax year	on or pleasure)	certified historic stru	•	
	easement on t	he last day of the tax year	1	Held at the	e End of the Year	
а	Total number o	of conservation easements		2a	<u> </u>	
b	Total acreage	restricted by conservation easements		2b		
c		servation easements on a certified his	ŀ	2c		
d	Number of con	servation easements included in (c) ac	equired after 8/17/06	2d		
3	Number of con	servation easements modified, transfe	ı rred, released, extinguished, or terminate	ed by the organization	n durina	
		, ar ►	, , , ,	, 3	J	
4	•		sking and an area of the same of the			
		tes where property subject to conserva			ـ	
5		f the conservation easements it holds?	g the periodic monitoring, inspection, hand	uning of violations, an	□	
6	Staff and volun	iteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year	-	
7	A mount of exp		ng, and enforcing conservation easements	s during the year		
8	Does each con		(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No	
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial ments			
Pai	rt IIII Organ		ns of Art, Historical Treasures,	or Other Similar	Assets.	
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in furtherance of p		
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ii			
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets inc	luded in Form 990, Part X				
2	If the organiza	•	orical treasures, or other similar assets fo S 116 relating to these items	· -		
а	_	uded in Form 990, Part VIII, line 1	5	► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easures, or O	the	<u>er Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	nat are a significa	ant u	use of its collection	on	
а	Public exhibition		d	\sqcap	Loan o	r exchange progi	ams	5		
b	Scholarly research		e	\vdash	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	allections and evala	un hov	w they	v further	the organization	/c ^	vemnt niirnose in		
•	Part XIV					_				
5	During the year, did the organization solicite assets to be sold to raise funds rather than	to be maintained as	part	of the	organız	atıon's collectıor	٦?		Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving ta	able	Г		1 8		
_	B					-		Amo	ount	
C C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f	<u> </u>		
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?					Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete									
	D	(a)Current Year 245,889,239	(b	Prior \	Year ,153,173	(c)Two Years Back 197,908,53	-	d) Three Years Back 261,804,016	(e)Four	Years Back
1a	Beginning of year balance						_			
b	Contributions	3,501,981			,408,678	2,460,39	-	2,072,872		
c	Investment earnings or losses	-7,974,571			,682,075	24,185,3	_	-57,694,679		
d	Grants or scholarships	2,383,867			,546,418	2,681,97	_	2,557,438		
e	Other expenditures for facilities and programs	7,582,180		4	,808,269	6,719,13	3/	5,716,240		
f	Administrative expenses									
g	End of year balance	231,450,602		245	,889,239	215,153,17	73	197,908,531		
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment 🕨	35 000 %								
ь	Permanent endowment > 51 000 %									
c	Term endowment ► 14 000 %									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are held	and administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)	No
	If "Yes" to 3a(II), are the related organization	•					٠	3b		<u> </u>
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X	, line 10). T		<u> </u>		
	Description of property				Cost or ot (investm			(c) Accumulated depreciation	(d) Bo	ok value
1 a l	_and					4,443	,891			4,443,891
b E	Buildings					238,764	,264	103,985,528	13	4,778,736
c l	_easehold improvements									
d i	Equipment					44,782	,170	31,019,815	1	3,762,355
	Other					3,914				3,914,218
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)			►		6,899,200
	•	·						Schedule D (Form 9	90) 2011

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation year market value
(1)Financial derivatives		000001 0114 01	y car mande raide
(2)Closely-held equity interests			
(3)Other			
(A) HEDGE FUNDS	37,954,467		<u>F</u> _
(B) REAL ASSETS	8,524,343		F
(C) PRIVATE EQUITY	27,679,058		F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	74,157,868		
Part VIII Investments—Program Related. See	•	3.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(b) book value	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, lin	0.15		
(a) Descrip			(b) Book value
(1) FUNDS HELD IN TRUST BY OTHERS			25,630,170
			· · ·
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			25,630,170
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
STUDENT'S ADV PYMT & DEPOSITS	2,535,470		
ADVANCES FROM FEDERAL GOV'T	2,155,439		
DEP HELD IN CUSTODY FOR OTHERS	551,713		
ANNUITIES PAYABLE	7,163,421		
ACCRUED POST RETIREMENT COSTS	14,265,195		
PROMISSORY NOTE PAYABLE	6,584,693		
ACCUMULATED LOSS ON SWAP AGREE BONDS PREMIUM	653,487 3,073,828		
DO ADD FREEHOM	3,073,020		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	36,983,246		

Sche	dule D (Form 990) 2011		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	1
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	165,425,227
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	156,302,341
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,122,886
4	Net unrealized gains (losses) on investments	4	-12,878,649
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-782,960
9	Total adjustments (net) Add lines 4 - 8	9	-13,661,609
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,538,723
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	110,659,976
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-14,939,486
3	Subtract line 2e from line 1	3	125,599,462
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	39,825,765
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	165,425,227
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	115,198,699
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,517,201
3	Subtract line 2e from line 1	3	113,681,498
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	42,620,843
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	156,302,341
Pai	rt 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

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 IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT EDUCATIONAL INSTITUTION AND, THEREFORE, QUALIFIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE FOR EXEMPTION FROM FEDERAL INCOME TAX ON ACTIVITIES RELATED TO ITS EXEMPT PURPOSE MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX PROVISIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS
SCHEDULE D, PART XI, LINE 8		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$ (598,463) POST RETIREMENT RELATED CHANGES (1,539,175) STUDENT LOANS 1,201,872 CHANGE IN NET ASSETS OF RELATED ENTITIES 152,806 TOTAL, PART XI, LINE 8 \$ (782,960)
SCHEDULE D, PART XII, LINE 2D		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ (598,463) POST RETIREMENT RELATED CHARGES (1,539,175) CHANGE IN NET ASSETS OF RELATED ENTITIES 76,801 TOTAL SCHEDULE D, PART XII, LINE 2D \$(2,060,837)
SCHEDULE D, PART XII, LINE 4B		COST OF GOODS SOLD \$(1,454,597) FUNDRAISING EXPENSES (13,579) STUDENT AID 41,009,034 DISREGARDED ENTITY (125,030) INVESTMENT FEES OFFSETTING REVENUES IN FINANCIAL STATEMENTS 409,937 TOTAL SCHEDULE D, PART XII, LINE 4B \$39,825,765
SCHEDULE D, PART XIII, LINE 2D		COST OF GOODS SOLD REPORTED IN REVENUE \$1,454,597 FUNDRAISING EXPENSES FROM EVENTS REPORTED IN REVENUE 13,579 NON-HOTEL RELATED ENTITY 49,025TOTAL SCHEDULE D, PART XIII, LINE 2D \$1,517,201
SCHEDULE D, PART XIII, LINE 4B		STUDENT AID \$41,009,034 STUDENT LOANS 1,201,872 INVESTMENT FEES OFFSETTING REVENUES IN FINANCIAL STATEMENTS 409,937 TOTAL SCHEDULE D, PART XIII, LINE 4B \$42,620,843

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493084000093

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

GETTYSBURG COLLEGE 23-1352641 Part I YES NO 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 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 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 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 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo 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 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)

ldentifier	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 GETTY SBURG COLLEGE PARTICIPATES IN THE FOLLOWING FEDERAL STUDENT FINANCIAL AID PROGRAMS FEDERAL PELL, FSEOG, FEDERAL WORK STUDY, FEDERAL PERKINS LOAN, AND FEDERAL STAFFORD LOAN PROGRAMS

Schedule E (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493084000093

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization

Employer identification number

FT	TYSBURG COLLEGE				=:p.o, ca.c.	
, L	1 1 3 BONG COLLEGE				23-1352641	
Pa	rt I General Informatio	n on Activiti	es Outside th	ne United States. Co		
	"Yes" to Form 990, Pa				omprete ii tile ergan	izacion anonorda
1	For grantmakers. Does the			s to substantiate the a	amount of the grants	
	assistance, the grantees' elig					
	the grants or assistance?		_			
_						
2	For grantmakers. Describe in Pa United States	irt V the organiz	ation's procedur	es for monitoring the use	of grant funds outside	the
3	Activites per Region (Use Part	V if additional s	pace is needed)			
		T	T	T		
	(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe	
		region	agents in region or	fundraising, program	specific type of	region/investments
			ındependent contractors	services, investments, grants to recipients located in the	service(s) in region	ın region
			Contractors	region)		
	See Add'l Data					
	-					
	Sub-total		1			7,723,291
b	Total from continuation sheets to Part I		1			42,777,993

c Totals (add lines 3a and 3b)

50,501,284

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

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) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method o valuation
	'			<u> </u>	assistance	assistance	(book, FMV, appraisal, othe
COLLEGE GRANT	Cent A merica/Caribbean	2				FINANCIAL AID	FMV
COLLEGE GRANT	East Asia/Pacific	47		,	554,166	FINANCIAL AID	FMV
COLLEGE GRANT	Europe/Iceland/Greenland	d 153		,	1,696,460	FINANCIAL AID	FMV
COLLEGE GRANT	Mıddle East/North Afrıca	14			232,945	FINANCIAL AID	FMV
COLLEGE GRANT	North America	9		,	157,258	FINANCIAL AID	FMV
COLLEGE GRANT	South America	12		,	173,241	FINANCIAL AID	FMV
COLLEGE GRANT	Sub-Saharan Africa	9		,	86,200	FINANCIAL AID	FMV
COLLEGE GRANT	South Asia	1		,	9,500	FINANCIAL AI	FMV
COLLEGE LOANS DISBURSED	Europe/Iceland/Greenland	d 25		,	44,750	COLLEGE LOAN	FMV
COLLEGE LOANS DISBURSED	East Asia/Pacific	6			10,000	COLLEGE LOAN	FMV
COLLEGE LOANS DISBURSED	Mıddle East/North Afrıca	6				COLLEGE LOAN	FMV
COLLEGE LOANS DISBURSED	Sub-Saharan Africa	1			2,000	COLLEGE LOAN	FMV
COLLEGE LOANS DISBUSRED	North America	1			4,000	COLLEGE LOAN	FMV
COLLEGE LOANS DISBUSRED	South America	6			6,100	COLLEGE LOAN	FMV
				, i			
				,			

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
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)	Γ	Yes	⊽	Νo
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	Г	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	Г	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)	F	Yes	Г	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).	Г	Yes	굣	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5**

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

ldentifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 2		GRANTS ISSUED BY GETTY SBURG COLLEGE ARE PRIMARILY IN THE FORM 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 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

ldentifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F		GETTY SBURG COLLEGE USES THE ACCRUAL METHOD OF ACCOUNTING FOR EXPENDITURES INVESTMENTS ARE REPORTED AT FAIR VALUE IN ACCORDANCE WITH ACCOUNTING STANDARDS WHENEVER AVAILABLE, QUOTATIONS FROM ORGANIZED SECURITIES EXCHANGES ARE USED AS THE BASIS OF FAIR VALUE FOR INVESTMENTS NOT TRADED ON ORGANIZED EXCHANGES, THEIR NET ASSET VALUE (NAV) PER SHARE OR EQUIVALENT HAVE BEEN USED AS A PRACTICAL EXPEDIENT FOR DETERMINING FAIR VALUE AND ARE SUBJECT TO ADDITIONAL UNCERTAINTY THEREFORE, VALUES REALIZED UPON DISPOSITION MAY VARY SIGNIFICANTLY FROM CURRENTLY REPORTED VALUES

Schedule F (Form 990) 2010

Software ID: Software Version:

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

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

Form 990 Schedule F F	Part I - Activit	ies Outside T	he 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		0
North America	·		Fundraising		0
South Asia			Fundraising		0
Sub-Saharan Africa			Fundraising		0
Central America and the			Grantmakıng		23,636
Caribbean East Asia and the Pacific			Grantmakıng		564,166
Europe (Including Iceland			Grantmakıng		1,741,210
and Greenland) Mıddle East and North Afrıca			Grantmakıng		239,945
North America			Grantmakıng		161,258
South America			Grantmakıng		179,341
South Asia			Grantmakıng		9,500
Sub-Saharan Africa			Grantmakıng		88,200
Central America and the			Program Services	STUDY ABROAD	31,502
Caribbean East Asia and the Pacific			Program Services	STUDY ABROAD	1,028,098
Europe (Including Iceland		1	Program Services	STUDY ABROAD	3,656,435
and Greenland) Middle East and North Africa			Program Services	STUDY ABROAD	298,957
North America		1	Program Services	STUDY ABROAD	196,564
South America			Program Services	STUDY ABROAD	290,789
South Asia			Program Services	STUDY ABROAD	17,439
Sub-Saharan Africa			Program Services	STUDY ABROAD	197,060
Central America and the			Program Services	EDUCATION	8,203
Caribbean East Asia and the Pacific			Program Services	EDUCATION	3,734
Europe (Including Iceland			Program Services	EDUCATION	51,298
and Greenland) Middle East and North Africa			_	EDUCATION	
			Program Services		1,173
North America			Program Services	EDUCATION	15,919
Russia and the Newly Independent States			Program Services	EDUCATION	1,716
South America			Program Services	EDUCATION	2,904
South Asia			Program Services	EDUCATION	2,585
Sub-Saharan Africa			Program Services	EDUCATION	14,669
Europe (Including Iceland and Greenland)			Program Services	RECRUITING	3,891
Central America and the Caribbean			Program Services	RESEARCH	9,140
East Asia and the Pacific			Program Services	RESEARCH	5,210
Europe (Including Iceland and Greenland)			Program Services	RESEARCH	5,417
Middle East and North Africa			Program Services	RESEARCH	206
North America			Program Services	RESEARCH	599
Russia and the Newly Independent States			Program Services	RESEARCH	272
South America			Program Services	RESEARCH	2,908
Central America and the Caribbean			Investments		40,396,857
Europe (Including Iceland and Greenland)			Investments		1,250,483
and Greemand)	<u> </u>	<u> </u>	I	1	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493084000093

OMB No 1545-0047

2011

Inspection

QUII
Open to Public

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization
GETTYSBURG COLLEGE

Employer identification number
23-1352641

Pa	rt I Fundraising Ac	tivities. Complete	e if the oi	rganızat	cion answered "Yes"	to Form 990, Part IV	, line 17.
1 a b c d	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitation Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at lease	olicitations s a written or oral agre i Form 990, Part VII st paid individuals or	ement witl) or entity entities (f	e f g n any ind in conne undraise	Solicitation of noi Solicitation of go Special fundraising ividual (including office ction with professional rs) pursuant to agreem	n-government grants vernment grants ng events rs, directors, trustees fundraising services? ents under which the fui	
(of the state of t	List all states in which the	(ii) Activity	(iii) fundraise custor contribu Yes	er have dy or ol of ations? No	(iv) Gross receipts from activity o solicit funds or has be	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	licensing						

		more than \$15,000 on Form	JJO LZ, IIIIC Od. LISC	cvento with gross rece	sipis greater than 55	,000.
		. ,	(a) Event #1 ORANGE & BLUE	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
d)			(event type)	(event type)	(total number)	
HINTE	1	Gross receipts	133,989			133,989
Revenue	2	Less Charitable contributions	120,410			120,410
	3	Gross income (line 1 minus line 2)	13,579			13,579
	4	Cash prizes				
မွာ	5	Non-cash prizes				
euse	6	Rent/facility costs				
ă ă	7	Food and beverages				
Direct Expenses	8	Entertainment				
Ξ	9	Other direct expenses .	13,579			13,579
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(13,579)
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	•	
ar	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Φ			(a) Bingo	(b) Pull tabs/Instant	(a) Other gaming	1
Kevelik				bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Kevelk	1	Gross revenue			(c) Other gaming	(Add col (a) through
		Gross revenue			(c) Other gaming	(Add col (a) through
	2				(c) Other gaming	(Add col (a) through
Expenses	2	Cash prizes			(c) Other gaming	(Add col (a) through
Expenses	2 3 4	Cash prizes			(c) Other gaming	(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs				(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	Г Yes	F Yes	Г Yes	(Add col (a) through
Expenses	2 3 4 5 6	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	✓ Yes ✓ No s 2 through 5 in column (□ Yes	Г Yes	(Add col (a) through
ть б Direct Expenses Reveilue	2 3 4 5 6 7 8 Entities to the state of the s	Cash prizes	Yes	Yes No d)	Г Yes Г No	(Add col (a) through col (c))

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3					
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- 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?									
13	Indicate the percentage of gamii	ag activity operated in		1 1						
a				13a						
b										
14		f the person who prepares the organiza		<u> </u>						
	Name ►									
	Address ►									
	revenue?	ntract with a third party from whom the			- No					
		ed by the third party 🟲 \$								
С	If "Yes," enter name and address	S								
	Name 🟲									
	Address ►									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation I	\$ \$								
	Description of services provided	>								
17 a		Employee er state law to make charitable distribu		· · ·	- No					
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-					
_		activities during the tax year > \$		hadala C /						
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see						
	Identifier	ReturnReference	Explana	tion						
		•	•							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule I

(Form 990)

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

DLN: 93493084000093

Department of the Treasury **Inspection** Internal Revenue Service Name of the organization Employer identification number GETTYSBURG COLLEGE 23-1352641 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

Identifier

LINE 2

SCHEDULE I, PART I,

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	(f)Description of non-cash assistance			
(1) GRANTS AND SCHOLARSHIPS PAID	1590		41,009,034	FMV	FINANCIAL AID			
(2) OFF CAMPUS GRANTS AND OTHER ASSISTANCE	11		141,585	FM∨	FINANCIAL AID			
(3) PRIZES AND AWARDS	116	189,805		FMV				
(4) FELLO WSHIPS	58	226,934		FMV				
(5) COLLEGE LOANS DISBURSED	592		1,128,022	FMV	COLLEGE LOAN			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								

Return Reference Explanation

GETTYSBURG COLLEGE'S FINANCIAL AID PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ARE

GETTYSBURG COLLEGE'S FINANCIAL AID PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ARE DESCRIBED ON SCHEDULE F, PART IV

Schedule I (Form 990) 2011

Compensation Information

DLN: 93493084000093

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

GE1	TTYSBURG COLLEGE			
	23-135264	1		
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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 item			
	First-class or charter travel Whousing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments			
	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	:ee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing orga or a related organization	nization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulati	ions 📙		1

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

		·	<u> </u>	· ,	. ,		
	(B) Breakdown of			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellelles	(6)(1)-(6)	Form 990 or Form 990-EZ
(I) (II)	314,567 0	0	2,026 0	43,359 0	33,142 0	393,094 0	0
(I) (II)	195,048 0	0	4,643 0	25,018 0	25,659 0	250,368 0	0
(I) (II)	201,817 0	0	856 0	26,274 0	26,709 0	255,656 0	0
(I) (II)	193,640 0	0	29,337 0	25,048 0	26,355 0	274,380 0	0
(I) (II)	209,910 0	0	8,789 0	25,581 0	18,469 0	262,749 0	0
(I) (II)	197,536 0	0	628 0	38,328 0	16,190 0	252,682 0	0
(I) (II)	166,118 0	0	1,962 0	32,345 0	26,721 0	227,146 0	0
(I) (II)	151,231 0	0	1,188 0	18,024 0	47,231 0	217,674 0	0
(I) (II)	202,253 0	0	1,994 0	24,839 0	1,395 0	230,481	0
(I) (II)	150,000 0	0	12,230 0	17,160 0	1,211 0	180,601 0	0
(I) (II)	144,732 0	0	1,341 0	16,559 0	11,483 0	174,115 0	0
(I) (II)	139,320 0	0	2,291 0	14,159 0	23,068 0	178,838 0	0
(I) (II)	131,906 0	0	2,327 0	21,080 0	9,643 0	164,956 0	0
<u> </u>	<u> </u>						
<u> '</u>							
	(II) (II) (II) (II) (II) (II) (II) (II)	(i) Base compensation (i) 314,567 (ii) 0 (i) 195,048 (ii) 0 (i) 201,817 (ii) 0 (i) 193,640 (ii) 209,910 (ii) 197,536 (ii) 0 (i) 166,118 (ii) 0 (i) 151,231 (ii) 0 (i) 202,253 (ii) 0 (i) 150,000 (ii) 139,320 (ii) 0 (ii) 139,320 (ii) 0	(i) Base compensation (ii) Bonus & incentive compensation (i) 314,567	(I) Base compensation incentive compensation reportable compensation (I) 314,567 (II) 0 0 0 0 0 0 0 2,026 (II) 2,026 (III) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation other deferred compensation (i) 314,567 0 2,026 43,359 (ii) 195,048 0 4,643 25,018 (ii) 201,817 0 856 26,274 (ii) 193,640 0 29,337 25,048 (ii) 209,910 0 8,789 25,581 (ii) 209,910 0 8,789 25,581 (ii) 197,536 0 628 38,328 (iii) 0 0 0 0 (ii) 151,231 0 1,962 32,345 (iii) 0 0 0 0 (i) 202,253 1,994 24,839 (ii) 150,000 0 0 0 (i) 144,732 0 1,341 16,559 (ii) 0 0 0 0 (ii) 19,000 0 2,291 14,159 (ii) 19,000 0 2,327 21,080	(i) Base compensation (ii) Bouns & incentive compensation (iii) One compensation other deferred compensation benefits (i) (ii) One compensation 314,567 (iii) One one one compensation 0 2,026 (iii) One o	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation (iv) 314,567 (iv) 0 0 0 2,026 43,359 33,142 393,094 (iv) 1 95,048 0 0 4,643 25,018 25,659 250,368 (iv) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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,	PERSONAL	THE PRESIDENT IS PROVIDED HOUSING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE COLLEGE THE COST OF HOUSING IS
PART I, LINE	USEOF	EXCLUDED FROM COMPENSATION UNDER IRC SECTION 119(D) HOUSING IS MADE AVAILABLE TO THE VICE PRESIDENT FOR ENROLLMENT AND
1A	HOUSING	EDUCATION SERVICES THE VALUE OF HOUSING IS INCLUDED AS REPORTABLE COMPENSATION FOR SCHEDULE J

Schedule J (Form 990) 2011

Schedule K

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.

DLN: 93493084000093 OMB No 1545-0047

> Open to Public **Inspection**

Internal Revenue Service Name of the organization CETTYCDIIDC COLLECE

Department of the Treasury

(Form 990)

Employer identification number

	TYSBURG COLLEGE									2	3-135	2641			
Pa	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	Price	(f)	Description	Description of Purpose		feased	Beh Iss	(h) On Behalf of Issuer		Pool ncing
	ADAMS COUNTY									Yes	No	Yes	No '	Yes	No
A	ADAMS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-2988777	006116AM9	11-01-2008	18,279	9,997	1	NCE CONST & RENOV HE CENTE			Х		Х		x
В	ADAMS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-2988777	006116BJ5	06-01-2010	71,52	3,663	REFII	FINACING			x		х		х
Pa	rt III Proceeds			•					_				<u>'</u>		
						A			3		С			D	
1_	A mount of bonds retired						0		0						
	A mount of bonds defeased						0		0						
3	Total proceeds of issue					18,27			71,523,663						
	4 Gross proceeds in reserve funds					0		0							
5	Capitalized interest from proce	eds					0		0						
6	Proceeds in refunding escrow						0		0						
7	Issuance costs from proceeds					27	2,899		722,014						
8	Credit enhancement from proc						0 0								
9	Working capital expenditures f	<u> </u>					0 0								
10	Capital expenditures from proc	ceeds				18,00	7,098		0						
11	Other spent proceeds						0		70,801,649						
12	O ther unspent proceeds						0		0						
13	Year of substantial completion					09			10		i				
			-		Yes		lo	Yes	No	Yes	_	No	Yes	+	No
14	Were the bonds issued as part					<u> </u>	<	Х							
15	15 Were the bonds issued as part of an advance refunding issue?				>	<	Х								
16	16 Has the final allocation of proceeds been made?			Х			Х								
17	Does the organization maintain allocation of proceeds?		nd records to supp	oort the final	×			Х							
Pa	rt IIII Private Business U	se			1			Γ							
					Yes	A I N	lo	Yes	No No	Yes	C	No	Yes	D	No
				16	1 162	IN	IU .	162	140	162		140	168	+	NO

property financed by tax-exempt bonds?

financed property?

2

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Pal	Private Business Use (Continued)		Γ				1			
			Yes	A No	Yes	B No	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private use?	business	165	X	165	X	165	140	165	NO
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fine property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		×		Х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use to 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 a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government			0 610 %		0 950 %				
6	Total of lines 4 and 5			0 610 %		0 950 %				
7	Has the organization adopted management practices and procedures to er post-issuance compliance of its tax-exempt bond liabilities?	sure the	Х		Х					
Pai	t IV Arbitrage			<u>' </u>			•			•
		Α	1		B		С		D	1
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?	Yes	No	Yes	No	1	es	No	Yes	No
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		×					
ь	Name of provider	0	l	0						
c	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
	Were gross proceeds invested in a GIC?		×		Х					
ь	Name of provider	0	1	0	ı					1
	Term of GIC									

Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available temporary

Part VI Supplemental Information

value of the GIC satisfied?

5

DEBT

period?

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

Ident if ier	Return Reference	Explanation
AMOUNT OF	0	
BOND ISSUANCE		
PROCEEDS USED		
то		
IMMEDIATELY		
PAY OFF PRIOR		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493084000093

DLN: 93493084000093

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.

2011

Open to Public Inspection

Name of the organization GETTYSBURG COLLEGE									Employer identification number				
Part I Excess Benefit Tra							organı		nly).				
Complete if the organizat	ion ans	wered "\	res" on Forr	n 990, P	art IV, line 25a c	or 25b, c	r Form	990-EZ, F	art V , lı	ne 40b			
1 (a) Name of disq	ualıfıed	person			(b) Desc	ription (of trans	Cor	(c) Corrected?				
										Yes	No		
2 Enter the amount of tax impos		ne organ		_	disqualified perso		_	⁄ear under ••••••••••••••••••••••••••••••••••••	\$				
3 Enter the amount of tax, if any	, on line	2, abov						•	\$				
Part II Loans to and/or Complete if the organi					Dowt IV June 36	0 % F 0 % W	- 000 [-7 Dawt V	luna 20	_			
Complete if the organi			Tes on F	<u> </u>	, Part IV, line 26	, or Forn	11 990-6	(f)	, iiiie 36	<u>a</u>			
(a) Name of interested names and		oan to m the	(c)Original principal amount		(d)Balance due	(e) In				(g)Writt	(g)Written		
(a) Name of interested person and purpose	1	zation?				defau	lt?	by board or		agreeme	nt?		
Faires	To	From				Yes	No	committee?		Yes	No		
(1) Laurence A Marschall	1 10	FIOIII				res	NO	res	NO	res	NO		
COMPUTER PURCHASE		×		1,524	1,377		No		No	Yes			
		<u> </u>							-				
		<u> </u>							-				
Total				▶ \$	1,377								
Part Grants or Assista					,								
Complete if the orga						, line 2	27.						
(a) Name of interested pers	on	(b			en interested per janization	son	(c) A m	nount of gr	ant or ty	pe of assis	stance		

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	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) PETER NORTH	SPOUSE/OFFICER	167,680	EMPLOYEE COMPENSATION		Νo

Supplemental Information

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

Identifier	Return Reference	Explanation
LOANS TO AND/OR FROM INTERESTED PERSONS	LOANS TO AND/OR FROM INTERESTED PERSONS, SCHEDULE L, PART II	LOANS ARE PROVIDED AS PART OF EMPLOYEE COMPUTER PURCHASING PROGRAM LOAN IS AVAILABLE TO ALL ELIGIBLE REGULAR FULL TIME EMPLOYEES FOR PURCHASE OF COMPUTER AND RELATED EQUIPMENT UPON SUBSTANTIATION OF PURCHASE AND REQUEST FOR LOAN, EMPLOYEES ENTER AGREEMENT TO HAVE LOAN PAYMENTS OVER A TWO YEAR PERIOD

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493084000093

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public

internal Revenue Service		Inspection
Name of the organiza GETTYSBURG COLLEGE	don	Employer identification number
		23-1352641
	<u> </u>	

II.	Types of Property	1						
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of de contribution	etermı		
1	Art—Works of art	X	7	-	APPRAISAL			
2		_ ^	,	130,120	ATTRAISAL			
3	Art—Fractional interests							
4	Books and publications	X		141	FMV			
_	Clothing and household	_^		171	1 1 1 V			
J	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	50	1,153,433	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 .	Χ	1	131,000	APPRAISAL			
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							
	EVENT		,	12.252	ENAL!			
	Other ► (EXPENSES)	X	3 7	12,352	FMV			
	Other ► (SUPPLIES)	X	/	360	FIM V			
27 28	Other ► () Other ► ()							
29	Number of Forms 8283 received	L by the ora	enization during the tax ver	r for contributions	T			
23	for which the organization compl				29			6
				•			Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
33 	If "Yes," describe in Part II If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

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
SCHEDULE M, LINE 32B		THE COLLEGE USED A THIRD PARTY ATTORNEY, REAL ESTATE AGENT AND SETTLEMENT COMPANY TO FACILITATE THE SALE OF DONATED RESIDENTIAL REAL ESTATE

Schedule M (Form 990) 2011

OMB No 1545-0047

2011

Open to Public Inspection

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.

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 GETTY SBURG COLLEGE AND IS REVIEWED BY COLLEGE MANAGEMENT AND AN INDEPENDENT TAX FIRM FOR COMPLETENESS AND ACCURACY PRIOR TO FILING, FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES VIA THE BOARD PORTAL IN ADDITION, MANAGEMENT SPECIFICALLY MEETS WITH THE AUDIT COMMITTEE TO REVIEW THE FORM 990 PRIOR TO FILING
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 GETTY SBURG COLLEGE COMPLETION OF THE FORM IS ALSO ACKNOWLEDGEMENT THAT INDIVIDUALS HAVE A RESPONSIBILITY UNDER THE POLICY TO ADVISE THE BOARD OF ANY SIGNIFICANT CHANGES TRUSTEES, ADMINISTRATIVE OFFICERS, OR DIRECTORS WHO HAVE A CONFLICT OF INTEREST IN A PROPOSED TRANSACTION ARE REQUIRED TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE TRANSACTION ADDITIONAL RESTRICTIONS ON TRANSACTIONS BETWEEN THE COLLEGE AND (I) A TRUSTEE, (II) A FAMILY MEMBER OF A TRUSTEE, (III) MEMBER OF THE PRESIDENT'S COUNCIL, (IV) A FAMILY 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
FORM 990, PART VI, SECTION B, LINE 15 A AND B		THE EXECUTIVE COMPENSATION SUB-COMMITTEE 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 A SUMMARY OF RECOMMENDATIONS FOR THE PRESIDENT'S COMPENSATION AND AGGREGATE COMPENSATION FOR THE OTHER OFFICERS IS SHARED WITH THE FULL BOARD OF TRUSTEES FOR RATIFICAITON COMPENSATION DECISIONS ARE REFLECTED IN SALARY LETTERS AND AMENDMENTS TO THE PRESIDENT'S EMPLOYMENT AGREEMENT AS NECESSARY
FORM 990, PART VI, SECTION C, LINE 19		GETTY SBURG COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 5		PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS NET UNREALIZED GAINS \$(12,878,649) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (598,463) POST RETIREMENT RELATED CHANGES (1,539,175) STUDENT LOANS 1,201,872 CHANGE IN NET ASSETS OF RELATED ENTITIES 27,776 DISREGARDED ENTITY 125,030 TOTAL PART XI, LINE 5 \$(13,661,609)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493084000093

OMB No 1545-0047 2011

Open to Public Inspection

Schedule R (Form 990) 2011

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

GETTYSBURG COLLEGE

▶ 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.

Related Organizations and Unrelated Partnerships

				23-	135264	1		
Part I Identification of Disregarded Entities (Comp	lete if the organiza	tion answered "Ye	s" on Form 99	0, Part IV, lın	e 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 asset	ts	(f) Direct controlling entity		
(1) GETTYSBURG HOTEL MANAGEMENT LLC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 41-2224678	REAL ESTATE	PA	86,282	2,792,8	GETTYSBURG C			
(2) GETTYSBURG GREAT PRODUCTIONS LLC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 90-0845620	FILM PRDN	PA		2,6	GETTY	GETTYSBURG C		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		e if the organization	on answered "	Yes" on Form	990, Pa	art IV, line 34 becaus		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charit (if section 50	y status	(f) Direct controlling entity	Section 51 contr organi	olled
(1) EMPLOYER-CONTRIBUTION VEBA TRUST							Yes	No
300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 04-3838440	VEBA TRUST	PA	501(C)(9)		N/A	GETTYSBURG		No
(2) EMPLOYEE-CONTRIBUTION VEBA TRUST								
300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 04-3838463	VEBA TRUST	PA	501(C)(9)		N/A	GETTYSBURG C		No

Cat No 50135Y

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)	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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	1
(1) GETTYSBURG HOTEL INVESTORS LP ONE LINCOLN SQUARE GETTYSBURG, PA 17325 23-2571553	REAL ESTATE	PA	SEE PART VII	EXCL UNDER 512(B) 13	86,282	3,299,119		No				
											ı	
												1
											i	
											i I	1
											i I	
											i i	
				_								

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, PA 17325 23-2530522	REAL ESTATE	PA	GETTYSBURG COL	C CORP	70,593	365,165	100 000 %
(2) MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA 17325 75-3195760	CONCESSIONS	PA	GETTYSBURG COL	C CORP	49,025	46,024	100 000 %
(3) GETTYSBURG HOTEL INC ONE LINCOLN SQUARE GETTYSBURG, PA 17325 23-2678413	HOTEL SERVICE	PA	BULLET LAND INC	C CORP			
(4) CHARITABLE ANNUITY TRUSTS (3)	ANNUITY	РА	NA	TRUST			
(5) CHARITABLE UNITRUSTS (8)	ANNUITY	PA	NA	TRUST			

						. 4	9
Pai	Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No
1 Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related org	anizations listed in Part	s II-IV?		7		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	La		No
b	Gift, grant, or capital contribution to related organization(s)			3	ιb		No
c	Gift, grant, or capital contribution from related organization(s)			1	lc		No
d	Loans or loan guarantees to or for related organization(s)			[3	Ld		No
e	Loans or loan guarantees by related organization(s)			1	le		No
f	Sale of assets to related organization(s)			1	Lf		No
g	Purchase of assets from related organization(s)			1	Lg		No
h	Exchange of assets with related organization(s)			3	Lh		No
i	Lease of facilities, equipment, or other assets to related organization(s)			[:	1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)			[:	Lj		No
k	Performance of services or membership or fundraising solicitations for related organization(s)			[3	Lk	Yes	
ı	Performance of services or membership or fundraising solicitations by related organization(s)			[:	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			[1	lm		No
n	Sharing of paid employees with related organization(s)			1	Ln		No
o	Reimbursement paid to related organization(s) for expenses			3	Lo		No
р	Reimbursement paid by related organization(s) for expenses			1	lр	Yes	
q	Other transfer of cash or property to related organization(s)			1	Lq	Yes	
r	Other transfer of cash or property from related organization(s)			[:	Lr	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 relat	ionships and transact	ıon thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d Method of deter Invol	mınır	ng am	ount
1) EM	PLOYER-CONTRIBUTION VEBA TRUST	Q Q	272,918	FMV	v Cu		
2)		ļ <u>'</u>	272,910	l III V			
د)							
3)							
- 1		I .	1	1			

	type(a-r)		llivoived
(1) EMPLOYER-CONTRIBUTION VEBA TRUST	Q	272,918	FMV
(2)			
(3)			
(4)			
(5)			
(6)			
			Cahadula D (Farm 000) 2011

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

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 A, LINE 1		EIN 23-2571553
SCHEDULE R, PART III, COLUMN D		DIRECT CONTROLLING ENTITIES OF GETTYSBURG HOTEL INVESTORS, LP ARE BULLET LAND, INC GETTYSBURG HOTEL MANAGEMENT LLC

Schedule R (Form 990) 2011

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

Compensated Employees, and		ent C			ors	<u> </u>		,_,	<i>z</i>	<i>z</i>
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
		trustee r	Trustee	<u>e</u>	oyee	pensated	er			
GINO ALBERTO JR TRUSTEE	1 0	Х								
JO SEPH A BIERNAT TRUSTEE	1 0	Х								
DAVID BRENNAN TRUSTEE	1 0	Х								
DONALD BURDEN TRUSTEE	1 0	Х								
JAMES L CHEMEL TRUSTEE	1 0	Х								
STEPHEN K CLOETINGH TRUSTEE	1 0	Х								
ENID WEDEMEYER CORKRAN TRUSTEE	1 0	Х								
MALCOLM L COWEN II TRUSTEE	1 0	X								
JESSE H DINER TRUSTEE	1 0	Х								
ROBERT N DUELKS TRUSTEE	1 0	Х								
JOYCE H ELSNER TRUSTEE	1 0	Х								
FRED FIELDING TRUSTEE	1 0	X								
ALAN FUERSTMAN TRUSTEE	1 0	Х								
BOB GARTHWAIT JR TRUSTEE	1 0	Х								
JAMES N HESTON TRUSTEE	1 0	Х								
LYNN S HOLUBA TRUSTEE	1 0	Х								
RAYMOND M HOPKINS TRUSTEE	1 0	Х								
JOHN F JAEGER TRUSTEE	1 0	Х								
ROBERT H JOSEPH JR TRUSTEE	1 0	Х								
JEAN C KIRCHHOFF TRUSTEE	1 0	Х								
ERIC B LINT TRUSTEE	1 0	Х								
STEPHEN PAUL MAHINKA TRUSTEE	1 0	Х								
JOHN T O'CONNOR TRUSTEE	1 0	Х								
LYNNE A ROYER TRUSTEE	1 0	Х								
JOAN FISCHER SCHWEIZER TRUSTEE	1 0	Х								

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

(A) Name and Title	(B) (C) Average Position (check all that apply) per that apply							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
CHARLES T SCOTT TRUSTEE	1 0	Х								
JAMES H SCOTT TRUSTEE	1 0	Х								
ELIZABETH B SEARLE TRUSTEE	10	Х								
JEAN D SEIBERT TRUSTEE	1 0	Х								
PETER G SEIDEN TRUSTEE	1 0	Х								
RONALD J SMITH TRUSTEE	1 0	Х								
KAYSIE UNIACKE TRUSTEE	1 0	Х								
M CHRISTINE VICK TRUSTEE	1 0	Х								
LARRY WALKER TRUSTEE	1 0	Х								
DEBRA J WOLGEMUTH TRUSTEE	1 0	X								
JANET RIGGS PRESIDENT	40 0	Х		х				316,593	0	75,019
CHRISTOPHER ZAPPE PROVOST	40 0			х				199,691	0	49,573
DANIEL KONSTALID VP FOR FINANCE & ADMIN / TREAS	40 0			х				202,673	0	51,833
ROBERT KALLIN VP FOR DEVELOPMENT	40 0			х				222,977	0	50,315
BARBARA FRITZE VP FOR ENROLLMENT & EDUC SRVS	40 0			х				218,699	0	42,917
RODNEY TOSTEN VP FOR INFORMATION TECHNOLOGY	40 0			x				198,164	0	53,406
JULIE RAMSEY VP FOR COLLEGE LIFE/DEAN STDNT	40 0			х				168,080	0	58,430
JANE NORTH EXECUTIVE VICE PRESIDENT	40 0			х				152,419	0	64,684
SUSAN EISENHOWER CHAIRMAN LDRSHP/PUBLIC POLICY	40 0					Х		204,247	0	25,132
JEFFREY BLAVATT CEO EISENHOWER INSTITUTE	40 0					Х		162,230	0	17,453
PHILIP BOBKO FACULTY	40 0					Х		146,073	0	27,137
PETER STITT FACULTY / EDITOR FOR GB REVIEW	40 0					Х		141,611	0	36,507
LAURENCE MARSCHALL FACULTY	40 0					x		134,233	0	29,872

Additional Data

Software ID: Software Version:

ETNI. 1

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

Form 990, Schedule D, Part X, - Other Liabilities (a) Description of Liability

1 (a) Description of Elability	(b) Amount
STUDENT'S ADV PYMT & DEPOSITS	2,535,470
ADVANCES FROM FEDERAL GOV'T	2,155,439
DEP HELD IN CUSTODY FOR OTHERS	551,713
ANNUITIES PAYABLE	7,163,421
ACCRUED POST RETIREMENT COSTS	14,265,195
PROMISSORY NOTE PAYABLE	6,584,693
ACCUMULATED LOSS ON SWAP AGREE	653,487
BONDS PREMIUM	3,073,828