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DLN: 93493088001036

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year beginn	ing 06-01-2014 , and ending 05-3	31-2015					
B Ch	eck if a	applicable	C Name of organization GETTYSBURG COLLEGE				D Emplo	yer ide	entification number	
☐ Add	dress c	hange	% FINANCE & ADMINISTRATION				23-13	5264	1	
∏ Na	me cha	ange	Doing business as							
Init	ial reti	um					E Telepho	one nun	nber	
┌ Fin		rmınated	Number and street (or P O box if 300 NORTH WASHINGTON STREE	rmail is not delivered to street address) F	Room/suite		(717)			
┌ Am	ended	return	City or town, state or province, co	ountry, and ZIP or foreign postal code						
┌ App	olicatio	n pending	GETTYSBURG, PA 17325				G Gross r	eceipts	\$ 228,632,058	
			F Name and address of p	rincipal officer	H	(a) Ic th	 sagroup	rotur	for	
			DANIELT KONSTALID		'''		dinates?	recuir	Γ Yes Γ No	
			300 NORTH WASHINGTO GETTYSBURG,PA 1732!		l					
			GETTT580KG,FA 1752.	,	H((b) Are a ınclu	ll subordi led?	nates	Γ Y es Γ No	
I Ta	x-exer	mpt status	▼ 501(c)(3)	(insert no)	7			a lıst	(see instructions)	
J W	ebsit	e:► WV	VW GETTYSBURG EDU		н	(c) Grou	p exempt	ıon nu	mber ►	
K For	m of o	rganization	Corporation Trust Associa	tion	<u> </u>	Year of fo	rmation 18	32 M	State of legal domicile PA	
	rt I	_	mary		-			<u> </u>	otate of logar definions	
			-	sion or most significant activities						
	-	GETTYS	BURG COLLEGE, A NAT'L,RE	SIDENTIAL COLLEGE COMMITI SAND PARTICIPANTS IN A CHA					PREPARES	
Governance										
Ē										
eye.	2	Check tl	his box 🚩 if the organization	discontinued its operations or disp	posed of mo	re than 2	5% of its	net a	ssets	
	_	Ni	-6t	war a badu (Dant VII. lua da)				ء ا	1 20	
Activities &	1			rning body (Part VI, line 1a) .				4	36	
Ě	1			s of the governing body (Part VI, I				5	31	
<u>₹</u>	1			n calendar year 2014 (Part V, line					2,799 788	
Q.				fnecessary)			• •	6		
	1			Part VIII, column (C), line 12 . e from Form 990-T, line 34				7a	524,618	
	B	Net unre	erated business taxable income	From Form 990-1, line 34	· · ·			7b	-455,477	
		C t	.bb.	line 4 h	\vdash	Prio	r Year	720	Current Year	
ā	8	Contributions and grants (Part VIII, line 1h)					19,094,720		14,579,016	
Rayenue	9	_	ram service revenue (Part VIII, line 2g)				152,541,908		154,839,326	
ž	10 11			nn (A), lines 3, 4, and 7d)), lines 5, 6d, 8c, 9c, 10c, and 11	<u> </u>		7,460,838 3,205,429		9,586,187	
	12			.1 (must equal Part VIII, column (· —		3,205,	+29	2,946,916	
	12			· · · · · · · · · · · · · · · · · · ·		1	82,302,8	395	181,951,445	
	13			rt IX, column (A), lines 1–3).			47,584,0	012	51,285,817	
	14	Benef	ts paid to or for members (Par	t IX, column (A), line 4)	[0	0	
	15			yee benefits (Part IX, column (A),	lines		69,932,:	170	74,677,256	
Expenses		5-10			-			0		
<u>\$</u>	16a			fees (Part IX, column (A), line 11e)					0	
五	Ь	Total fu	ındraısıng expenses (Part IX, column	(D), line 25) • 5,599,284	— L					
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · L		49,752,	575	50,241,488	
	18	Total	expenses Add lines 13-17 (n	nust equal Part IX, column (A), line	e 25)	1	67,268,	757	176,204,561	
	19	Reven	ue less expenses Subtract lin	e 18 from line 12			15,034,	138	5,746,884	
Net Assets or Fund Balances							of Curre	nt	End of Year	
9 G	30	Total	accete (Part V. June 16)		\vdash		ear	777	F12 167 209	
A.S.	20				_		505,594,0 126,306,1		513,167,298 126,919,523	
2 E	21		, , ,	ct line 21 from line 20	—		379,287,		386,247,775	
	22 13 11		nature Block	time 21 nom me 20	• • _	•	379,207,	704	380,247,773	
Unde	rpen	alties of	perjury, I declare that I have e	examined this return, including accomplete Declaration of preparer (
			nowledge	1 1 (•				
		T _k				20	16-03-25			
Sigr	1	Signa	ature of officer				ite			
Her			IELT KONSTALID VP FOR FIN & ADMI	N/TREASURER						
		Туре	or print name and title							
		F	Print/Type preparer's name MARGARET A BRADSHAW	Preparer's signature MARGARET A BRADSHAW	Date		ck 🗀 ıf	PTIN P0050	1222	
Paid	d	—	Firm's name F KPMG LLP	TIANGAILET A DINADGITAVA			employed n's EIN 🟲	1 00 30		
Pre	pare	er								
Use	•		Firm's address 🟲 1676 INTERNATIONA	L DRIVE		Pho	ne no (703) 286-8	3399	
		-	MCLEAN, VA 22102							

✓ Yes ☐ No

Par	t III	Statement of Program S Check if Schedule O contains			III	ে
1	Briefl	y describe the organization's m	ission			
SCIE GET GET OF L EVA HER	NCES TYSBU TYSBU EARNI LUATI(ITAGE,	RG COLLEGE IS A HIGHLY SE WITH A STUDENT BODY OF A RG NATIONAL MILITARY PARRE COLLEGE IS TO SERVE THOMBOT OF THE IDEAS AND ACTION OF MAND THE PROMOTION OF MAND GLOBAL COMMUNITIES	APPROXIMATELY 2 LK IN PENNSYLVAN IE CAUSE OF LIBER IDE THE CLASSRO DNS OF HUMANKIN USIC, THE ARTS, T	2,700, IT IS LOCATED IIA THE COLLEGE W. RAL EDUCATION IN O OM COMMITTED TO ND, AND TO THE CRE	O ON A 200-ACRE CAMPUS AS FOUNDED IN 1832 THE CHANGING TIMES, BY PRO\ THE DISCOVERY, EXPLORA ATIVE EXTENSION OF THA	ADJACENT TO THE PURPOSE OF /IDING A COMMUNITY TION, AND T DEVELOPING
2		e organization undertake any si ior Form 990 or 990-EZ? .				
	If"Ye	s," describe these new services	on Schedule O			
3	servic	e organization cease conductines?			nducts, any program	
4	Descr expen	the the organization's program sees. Section 501(c)(3) and 50 tal expenses, and revenue, if ar	service accomplishn 1(c)(4) organization:	s are required to repor		
4a	(Code	:) (Expenses \$ RGRADUATE EDUCATION OF STUDENT		including grants of \$	51,285,817) (Revenue \$	157,733,352)
4b	(Code	e) (Expenses \$	<u> </u>	including grants of \$) (Revenue \$)
4 c	(Code	:) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d		r program services (Describe ii enses \$	n Schedule O) including grants o	f\$) (Revenue \$)
4e	Tota	l program service expenses ►	155,172,291			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	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		N o
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 "Yes," complete Schedule C, Part II</i>	4		N o
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6		N o
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II"</i>	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 for escrow or custodial account liability, 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^{\square}	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^{\bullet}	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, line 10? 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 and XII	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 and XII 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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	<u>.,</u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3,692 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_	Describes a second seco	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		_

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

Check if Schedule O	contains a response or note to any line in this Part VI	_					_	V
Check if Schedule O	contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management							
			Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
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		Νo				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo				
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	b Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)				
	· · · · · · · · · · · · · · · · · · ·		Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No				
10a			Yes					
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b						
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b						
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a	Yes					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	No				

- 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
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►FINANCE ADMINISTRATION
 300 NORTH WASHINGTON ST

Form 990 (2014)	
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age 7	7
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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 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

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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
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Form 990 (2014)

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

(A) Name and Title	(B) Average hours per week (list any hours	more t perso	han d n ıs l	ne l both	box, an d	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	2,866,922	0	645,282

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►64

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation					
EDUCE LLC, 1908 BILLY BARTON CIRCLE REISTERSTOWN, MD 21136	CONSULTANT	601,049					
MCNEES WALLACE NURICK, 1 S CHURCH STREET HAZLETON, PA 18201	LEGAL COUNSEL	455,988					
ECI CONSTRUCTION, 124 WEST CHURCH STREET DILLSBURG, PA 17019	CONTRACTOR	278,170					
JIM BARBARA ENTWISTLE, 1260 TABLE ROCK ROAD GETTYSBURG, PA 17325	LANDLORD	214,195					
CB FLOORING LLC, 9305-Y GERWIG LANE COLUMBIA, MD 21046	CONTRACTOR	199,148					
2 Total number of independent contractors (including but not limited to those listed above) who received more than							

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶9

Part V	100	Statement o	f Revenue ule O contains a respoi	ase or note to any li	ne in this Part VIII			
		CHECK II SCHOOL	are o contains a respon	isc of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
ant un1	ь	Membership du	es 1b	47,513				
Gr. mo	С	Fundraising eve	ents 1c	104,409				
ffs, rA	d		zations 1d					
Gii iila		Government grants		1,394,322				
ns, Sirr	е	_				ļ		
ıtio er !	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	13,032,772				
Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines	2,515,927		i		
ont nd I	h	1a-1f \$ Total. Add lines	s 1a-1f		14,579,016			
O E		Total: Add lilles		<u> </u>				
шe	22	TUTTION AND FEE		Business Code	122 242 454	122 242 454		
ven	2a	TUITION AND FEES		900099	123,219,454	123,219,454		
Program Serwce Revenue	b	AUXILIARY SERVIC		900099	30,521,611	30,521,611		
MC.	C	CONFERENCES AN	D CONVENTIONS	611710	607,077	222 554	607,077	
Ser	d	THEATER		711110	491,184	239,554	251,630	
ram	e f	All other progra	am service revenue					
rogi	'	All other progra	illi service revenue					
	g		s 2a – 2f		154,839,326			
	3		ome (including dividen ar amounts)		5,205,721		-334,089	5,539,810
	4		stment of tax-exempt bond	l l	0			
	5	Royalties		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	52,890					
	b	expenses						
	С	Rental income or (loss)	52,890	0				
	d	Net rental inco	me or (loss)		52,890			52,890
	_	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	49,566,314					
	ь	Less cost or other basis and	45,037,008	148,840				
	c	sales expenses Gain or (loss)	4,529,306	-148,840				
	d		s)		4,380,466			4,380,466
nne	8a	Gross income f events (not inc \$ 104	_					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) ie 18 a	40,467				
the	b	Less direct ex	penses b	40,467				
0	С		(loss) from fundraising	events 🛌	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19 a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo		1,725,943				
	b	Less cost of a	oods sold b	1,454,298				
	С		(loss) from sales of inv		271,645	271,645		
		Miscellaneous	s Revenue	Business Code				
	11a	WORKSHOP FE	ES	900099	249,400	249,400		
	b	ADMINISTRAT	TIVE FEES	900099	124,977	124,977		
	С	STUDENT LOA	N INTEREST	900099	138,429	138,429		
	d	All other reven			2,109,575	2,109,575		
	e 12		S 11a-11d	· · · · •	2,622,381	450 071 01-	F2. 6	0.070.15
				-	181,951,445	156,874,645	524,618	9,973,166

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A)	Section	501(c)(3)	and 501	(c)(4)) organizations mus	t complete al	l columns	All other ord	ganizations must	complete column	(A)	
---	---------	-------	------	---------	--------	---------------------	---------------	-----------	---------------	------------------	-----------------	-----	--

7b, 8b, 1 2 3 4 5	Check if Schedule O contains a response or note to any line in this tinclude amounts reported on lines 6b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
2 3 4 5	domestic governments See Part IV, line 21			gonoral onponede	expenses
3 4 5	Grants and other assistance to domestic	0			
4 5 6	ındıvıduals See Part IV, line 22	48,000,411	48,000,411		
5 6	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	3,285,406	3,285,406		
6	Benefits paid to or for members	0			
6	Compensation of current officers, directors, trustees, and key employees	2,528,157	1,350,409	784,164	393,584
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	327,836	327,836		
	Other salaries and wages	50,940,698	42,826,842	5,561,475	2,552,381
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,411,385	4,514,143	646,916	250,326
	Other employee benefits	11,800,775	9,893,025	1,317,380	590,370
	Payroll taxes	3,668,405	2,940,645	538,448	189,312
	Fees for services (non-employees)	_,,	_,,_ 13	===,	_>>,=±
	Management	0			
	Legal	614,631	190	614,441	
_	Accounting	119,148	7,879	111,269	
	Lobbying	0	7,075	111,205	
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	424,534		424,534	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,235,149	1,318,941	366,352	549,856
	Advertising and promotion	351,159	169,678	174,782	6,699
	Office expenses	9,644,275	7,865,244	1,260,175	518,856
	Information technology	1,788,488	750,139	1,013,136	25,213
	Royalties	0	100,103	1,010,100	25,215
	Occupancy	4,682,760	4,030,791	571,591	80,378
	Travel	3,502,579	2,926,237	336,124	240,218
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	2,320,237	330,124	240,210
	Conferences, conventions, and meetings	522,272	382,624	121,317	18,331
	Interest	3,419,808	3,384,531	35,277	,
	Payments to affiliates	0	,,	,7	
	Depreciation, depletion, and amortization	10,647,495	9,459,112	1,117,966	70,417
	Insurance	622,491	593,893	26,445	2,153
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,			
а	OFF CAMPUS STUDY	6,755,576	6,755,576		
b	COLLEGE STORE AND DINING	4,142,145	3,869,493	175,726	96,926
c	SUBSCRIPTIONS AND MEMBERSHIPS	408,054	206,007	191,041	11,006
d	ADMINISTRATIVE FEES	225,287	225,287		
e	All other expenses	135,637	87,952	44,427	3,258
25	Total functional expenses. Add lines 1 through 24e	176,204,561	155,172,291	15,432,986	5,599,284
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line i	n this Part X			•	<u>· · · · · </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,702,373	1	2,511,554
	2	Savings and temporary cash investments		•	76,249,900	2	67,354,335
	3	Pledges and grants receivable, net			5,475,419	3	5,253,777
	4	Accounts receivable, net			1,043,588	4	1,006,539
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	0	5	0		
ts	6	Loans and other receivables from other disqualified persons (4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions) Complete Part II of Schedul	g employers		_	0	
Assets	,	Notes and loans receivable, net			0	7	
₹.	7		668,962	8	571,024		
	8	Inventories for sale or use	<u> </u>	-			
	9	Prepaid expenses and deferred charges		•	3,470,264	9	3,315,087
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	328,554,416 164,212,107			
	b	Less accumulated depreciation	10b	168,296,928		164,342,309	
	11	Investments—publicly traded securities	134,426,794	11	148,814,432		
	12	Investments—other securities See Part IV, line 11	72,006,513	12	78,590,653		
	13	Investments—program-related See Part IV, line 11			6,205,717		5,992,915
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			36,047,619	15	35,414,673
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			505,594,077	16	513,167,298
	17	Accounts payable and accrued expenses		•	13,706,562	17	13,534,358
	18	Grants payable			0	18	0
	19	Deferred revenue			1,582,923	19	1,679,416
	20	Tax-exempt bond liabilities			75,300,000	20	72,420,000
Ø	21	Escrow or custodial account liability Complete Part IV of Sc	hedule D .		0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquare		es,			
qе		persons Complete Part II of Schedule L			266,115	22	341,289
	23	Secured mortgages and notes payable to unrelated third part	ies		6,163,168	23	8,303,870
	24	Unsecured notes and loans payable to unrelated third parties		•	360,118	24	255,143
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F					
		D			28,927,427	25	30,385,447
	26	Total liabilities. Add lines 17 through 25			126,306,313	26	126,919,523
ě		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	✓ and com	plete			
anc	27	Unrestricted net assets		•	181,708,366	27	180,999,262
89 	28	Temporarily restricted net assets		53,321,249	28	55,066,471	
Ē	29	Permanently restricted net assets		144,258,149	29	150,182,042	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check	here ► ┌ a	ınd			
<u>-</u>		complete lines 30 through 34.	•				
Σ.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or othe	r funds			32	
Net Net	33	Total net assets or fund balances			379,287,764	33	386,247,775
_	34	Total liabilities and net assets/fund balances			505,594,077	34	513,167,298

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				্. ৮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		181.9	951,445	
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses Subtract line 2 from line 1				204,561	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		5,7	746,884	
	,	4		379,2	287,764	
5	Net unrealized gains (losses) on investments	5		3,8	313,147	
6	Donated services and use of facilities	6				
7	Investment expenses					
		7				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			.00.020	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9		-2,6	500,020	
	column (B))	10		386,2	247,775	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. F	
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revia separate basis, consolidated basis, or both	ewed o	n			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate				
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion audit, review, or compilation of its financial statements and selection of an independent accountant?	ne 2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	.	3b	Yes		
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			'65		

Software ID: **Software Version:**

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/2033 112507	2,1033 11130)	related organizations
(1) JAMES L BANKS JR	1 0	x						0	0	0
TRUSTEE (1) JOSEPH A BIERNAT	0 0									
TRUSTEE	0 0	Х						0	0	0
(2) DAVID BRENNAN	1 0	,,								
TRUSTEE	0 0	Х						0	0	0
(3) DONALD BURDEN	1 0	X						0	0	0
TRUSTEE (4) A BRUCE CHAMBERLIN	0 0									
		х						0	0	0
TRUSTEE (5) JAMES L CHEMEL	0 0									
TRUSTEE	0 0	X						0	0	0
(6) LORI KONO CLAPP	1 0	х						0	0	0
TRUSTEE	0 0	^						Ů		Ů
(7) STEPHEN K CLOETINGH	1 0	X						0	0	0
TRUSTEE (8) MARSHA HOFFMAN-COMEGNO	0 0									
TRUSTEE	0 0	Х						0	0	0
(9) ENID WEDEMEYER CORKRAN	1 0	V							0	0
TRUSTEE	0 0	X						0	0	0
(10) MALCOLM L COWEN II	1 0	X						0	0	0
TRUSTEE (11) TERENCE TROY DATCHER	0 0			-						
TRUSTEE	0 0	х						0	0	0
(12) JESSE H DINER	1 0							_		_
TRUSTEE	0 0	X						0	0	0
(13) ROBERT N DUELKS	1 0	×						0	0	0
TRUSTEE	0 0									_
(14) GWENDOLYN JORDAN DUNGY	1 0	х						0	0	0
TRUSTEE (15) ALAN FUERSTMAN	1 0									
TRUSTEE	0 0	X						0	0	0
(16) BOB GARTHWAIT JR	1 0	х						0	0	0
TRUSTEE	0 0							Ů		
(17) JAMES N HESTON	1 0	х						0	0	0
TRUSTEE (18) LYNN S HOLUBA	1 0									
TRUSTEE	0 0	Х						0	0	0
(19) MARY CLAIRE LAGNO	1 0	×						0	0	0
TRUSTEE	0 0							Ů	0	0
(20) ERIC B LINT	1 0	X						0	0	0
TRUSTEE (21) STEPHEN PAUL MAHINKA	0 0			\vdash	-		\vdash			
TRUSTEE	0 0	х						0	0	0
(22) HOLLY KELLER MCDEVITT	1 0	<u> </u>						_	_	_
TRUSTEE	0 0	Х						0	0	0
(23) JEFFREY C OAK	1 0	Х						0	0	0
TRUSTEE (24) ANDREW M PARKER	0 0			<u> </u>	-		_			
		x						0	0	0
TRUSTEE	0 0	L		L	1		<u> </u>	1		<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (C) (A) (B) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Individual trustee or director 970 Highest compensated employee organizations related Institutional below organizations employee dotted line) Trustee (26) LYNNE A ROYER 10 Χ 0 0 0 TRUSTEE 0.0 (1) RICHARD L SCHEFF 1 0 Χ 0 0 0 0 0 (2) JOAN FISCHER SCHWEIZER 10 Χ 0 0 0 TRUSTEE 0 0 (3) CHARLES T SCOTT 10 0 0 0 Х 0 0 (4) PETER G SEIDEN 10 Χ 0 0 0 0 0 (5) W JEFFREY SIEGFRIED 10 0 0 0 Χ TRUSTEE 0 0 (6) RONALD J SMITH 1 0 0 0 0 Χ 0 0 (7) F KEVIN TYLUS 10 Χ 0 0 0 TRUSTEE 0 0 (8) KAYSIE UNIACKE 10 0 0 0 Х TRUSTEE 0 0 (9) LARRY WALKER 10 Χ 0 0 0 TRUSTEE 0 0 (10) JANET RIGGS 40 0 Χ Χ 382,470 0 93,791 PRESIDENT 0 0 (11) CHRISTOPHER ZAPPE 40 0 Х 0 217,783 53,593 0 0 (12) DANIEL KONSTALID 40 0 Χ 239,468 0 71,640 VP FOR FINANCE & ADMIN/TREAS (13) ROBERT KALLIN 40 0 Х 220,625 0 54,175 VP FOR DEVELOPMENT 0 0 (14) BARBARA FRITZE 40 0 Χ 244,063 0 46,208 VP FOR ENROLLMENT & EDUC SRVS 0 0 (15) RODNEY TOSTEN 40 0 Χ 221,075 0 62,391 VP FOR INFORMATION TECHNOLOGY 0 0 (16) JULIE RAMSEY 40 0 Χ 190,559 0 57,690 VP FOR COLLEGE LIFE/DEAN STDNT (17) JANE NORTH 40 0 Χ 173,749 0 47,031 EXECUTIVE VICE PRESIDENT 0 0 (18) JEANNE ARNOLD 40 0 Χ 74,437 0 10,960 CHIEF DIVERSITY OFFICER 0 0 (19) SUSAN EISENHOWER 40 0 Χ 220,724 0 34,213 CHAIRMAN LDRSHP/PUBLIC POLICY 0 0 (20) PETER STITT 40 0 0 Х 182,186 34,310 FACULTY / EDITOR FOR GB REVIEW 0 0 (21) JOHN COMMITO 40 0 Х 169,341 0 22,402 FACULTY/ENVIRONMENTAL STUDIES (22) JEFFREY BLAVATT 40 0 Х 169,331 0 20,607 CEO EISENHOWER INSTITUTE 0 0 (23) PHILIP BOBKO 40 0 Χ 161,111 0 36,271 FACULTY/MANAGEMENT 0 0

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As Filed Data -

DLN: 93493088001036

_N: 93493088001036

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GETTYSBURG COLLEGE 23-1352641 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 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. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 (f) Total **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 11,210,726 15,120,707 17,269,449 19,094,720 14,579,016 77,274,618 not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 11,210,726 15,120,707 17,269,449 19,094,720 14,579,016 77,274,618 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 7,181,358 on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 70,093,260 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2011 (c) 2012 (a) 2010 (d) 2013 (e) 2014 (f) Total 8 10 11 12 13 15 16

	beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(a) 2013	(e) 2	014	(f) otal			
7	A mounts from line 4	11,210,726	15,120,707	17,269,449	19,094,720	14	,579,016	77,274,618			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,555,667	3,363,447	2,357,519	3,113,861	5	5,205,721 17,596,2				
	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	23,120	13,579	35,909	52,757		40,467	165,832			
11	Total support Add lines 7							95,036,665			
12	through 10 Gross receipts from related activi	tios ets (see ins	tructions \			1 10 1 751 071 061					
	Gross receipts from related activities, etc. (see instructions) 12 751,874,364 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)										
13	organization, check this box and stop here										
S	Section C. Computation of Public Support Percentage										
14	Public support percentage for 201			11, column (f))		14		73 754 %			
15	Public support percentage for 201	3 Schedule A, Pa	ırt II, lıne 14			15		74 550 %			
16a	33 1/3% support test-2014. If th	ie organization did	I not check the bo	x on line 13, and	line 14 is 33 1/3%	₀ or more	. check	this box			
	and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.										
b 18	b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.										
					Sched	dule A (F	orm 990	or 990-EZ) 2014			

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 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 section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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

DLN: 93493088001036

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	ne of the organization YSBURG COLLEGE	Employer identification number		
JL I	TOBORG COLLEGE		23-1352641	
Pa	organizations Maintaining Donor Ad organization answered "Yes" to Form 990		inds or Accounts. Complete if the	
		(a) Donor advised funds	(b) Funds and other accounts	
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		radvised Yes No	
ı	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
aı	Conservation Easements. Complete i	f the organization answered "Yes" to	Form 990, Part IV, line 7.	
· !	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of an Preservation of a c	ertified historic structure	
	easement on the last day of the tax year	Г	Hold at the Find of the Vacu	
а	Total number of conservation easements	-	Held at the End of the Year	
a b	Total acreage restricted by conservation easements	<u> </u>	2b	
c	Number of conservation easements on a certified hist	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	` '	2d	
	Number of conservation easements modified, transfer	□ red.released.extinguished.orterminated	t by the organization during	
	the tax year ►	,		
	Number of states where property subject to conserva	tion assument is located .		
	· · · ·		—	
1	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		☐ Yes ☐ No	
•	Staff and volunteer hours devoted to monitoring, insperience.	ecting, and enforcing conservation easem	ents during the year	
	A mount of expenses incurred in monitoring, inspectin	g, and enforcing conservation easements	during the year	
	* \$			
	Does each conservation easement reported on line 20 and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sect	(ion 170(h)(4)(B)(i)	
)	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the	ne footnote to the organization's financial :		
5 F	the organization's accounting for conservation easem Organizations Maintaining Collection		or Other Similar Assets	
en.	Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.		
.a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r research in furtherance of public	
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education, o		
	(i) Revenue included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		► \$	
!	If the organization received or held works of art, histo following amounts required to be reported under SFAS		r financial gain, provide the	
а	Revenue included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	Histo	rical Trea	sures, or Otl	<u>ner Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, chec	k any of the	following that are	e a significant use	of its
а	Public exhibition		d [Loan or e	exchange progra	ms	
b	Scholarly research		e 「	Other			
C	Preservation for future generations						
4	Provide a description of the organization's c Part XIII	ollections and explain	how t	hey further t	he organızatıon's	exempt purpose I	n
5	During the year, did the organization solicit						
Day	assets to be sold to raise funds rather than to the training to the training to the training assets to be sold to raise funds rather than to the training to the training training to the training traini	· · · · · · · · · · · · · · · · · · ·					Yes No
Pal	Part IV, line 9, or reported an ar					res to rolling	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowin	g table			
					_	An	nount
c	Beginning balance				1		
d	Additions during the year				1		
e	Distributions during the year				1		
f	Ending balance				_ 1		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial account	liability?	⊤Yes
ь	If "Yes," explain the arrangement in Part XI						<u> </u>
Pa	rt V Endowment Funds. Complete	if the organization (a)Current year	answe (b)Pric		to Form 990, F		(a)Eour years back
1a	Beginning of year balance	289,299,515		51,569,952	231,450,602	245,889,239	(e)Four years back 215,153,173
ъ	Contributions	7,014,285		10,498,020	9,653,004	3,501,981	4,408,678
c	Net investment earnings, gains, and losses						
4		12,563,636 2,659,475		25,910,780	29,508,131 2,469,523	-7,974,571 2,383,867	33,682,075 2,546,418
d e	Grants or scholarships Other expenditures for facilities	2,039,473		2,300,100	2,403,323	2,363,667	2,340,410
-	and programs	10,307,113		6,113,051	6,572,262	7,582,180	4,808,269
f	Administrative expenses						
g	End of year balance	295,910,848	28	39,299,515	261,569,952	231,450,602	245,889,239
2	Provide the estimated percentage of the cur	rent year end balance	(line :	1g, column (a)) held as		
а	Board designated or quasi-endowment ►	33 000 %					
b	Permanent endowment ► 51 000 %						
c	Temporarily restricted endowment ► 16	000 %					
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%					
За	Are there endowment funds not in the posse	ssion of the organizat	ion tha	at are held ar	nd administered f	or the	
	organization by (i) unrelated organizations		_			3a(Yes No i) Yes
	(ii) related organizations					3a(
b	If "Yes" to 3a(II), are the related organization	ns listed as required	on Sch	nedule R? .		3t	<u> </u>
4	Describe in Part XIII the intended uses of the	ne organization's endo	owmen	t funds			
Par	t VI Land, Buildings, and Equipme		e org	anızatıon a	nswered 'Yes'	to Form 990, Pa	rt IV, line
	11a. See Form 990, Part X, line Description of property	10.		a) Cost or othersis (investmen		r (c) Accumulated depreciation	(d) Book value
1a	_and		+		4,491,92	98	4,491,928
	Buildings		\vdash		271,299,42		
	Leasehold improvements		. Ի		2, 1,255,77	120,030,433	111,002,303
	Equipment		.		52,090,23	37,515,648	14,574,587
	Other				672,82	+	672,825
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		columi	n (B), line 10((c).)		164,342,309
		. ,				Schedule D	(Form 990) 2014

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	lete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other (A)HEDGE FUNDS	46,459,510	F
(B) REAL ASSETS	20,078,758	F
(C) PRIVATE EQUITY	12,052,385	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Com	78,590,653	answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment		(c) Method of valuation
(a) Description of Investment	(b) Book value	Cost or end-of-year market value
Total (Column (h) must equal Form 990, Part Y, col (R) line 13.)		
Total: (Column (b) must equal rollin 350, rate x, cor (b) line 13)	Inswered 'Yes' to Form 990,	L , Part IV , line 11d See Form 990 , Part X , line 15
(a) Descript		(b) Book value
(1) FUNDS HELD IN TRUST BY OTHERS		35,414,673
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
Part X Other Liabilities. Complete if the organi		·
Form 990, Part X, line 25.	(h) Dook volve	
1 (a) Description of liability	(b) Book value	
Federal income taxes STUDENT'S ADV PYMT & DEPOSITS	2,512,905	
ADVANCES FROM FEDERAL GOV'T	2,047,553	
DEP HELD IN CUSTODY FOR OTHERS	782,789	
ANNUITIES PAYABLE	6,869,407	
ACCRUED POST RETIREMENT COSTS	16,350,947	
BONDS PREMIUM	1,821,846	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	20 205 447	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	30,385,447	

Part		Revenue per Audited Financial Statements With Revenue wered 'Yes' to Form 990, Part IV, line 12a.	e per K	eturn Complete if
1		er support per audited financial statements	1	
2		ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of	facilities		
c		ts 2c		
d)		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of E	xpenses per Audited Financial Statements With Expens	es per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line 12a.		
1	·	er audited financial statements	1	
2		ut not on Form 990, Part IX, line 25		
а		facilities		
b	· -			
С				
d	Other (Describe in Part XIII) <u>2d</u>		
е	Add lines 2a through 2d		2e	
3			3	
4		90, Part IX, line 25, but not on line 1:		
а		luded on Form 990, Part VIII, line 7b 4a		
b)		
С			4c	
5		and 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplemental In			
Part \		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part		de any additional
	Return Reference	Explanation		
	DULE D, PART V, LINE 4, WMENT FUNDS	ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-REST ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-S AS DESIGNATED FUNDS THE COLLEGE HAS ADOPTED INVESTM POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVID OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WE PURCHASING POWER OF THE ENDOWMENT ASSETS OVER TIME SUPPORTS OPERATIONS OF THE COLLEGE INCLUDING SCHOLA INSTRUCTIONAL, ACADEMIC SUPPORT AND STUDENT SERVICES SPECIFICALLY RESTRICTED BY THE DONOR OR OTHERWISE DES	SPECIFI ENT ANI DE A PRE HILE SEI ENDOWI RSHIPS S ACTIV	ED PERIOD, AS WELL D SPENDING DICTABLE STREAM EKING TO MAINTAIN MENT SPENDING AND ITIES AS
SCHE	DULE D, PART X, LINE 2	THE COLLEGE IS RECOGNIZED BY THE INTERNAL REVENUE SERVEDUCATIONAL INSTITUTION AND, THEREFORE, QUALIFIES UND THE INTERNAL REVENUE CODE FOR EXEMPTION FROM FEDERAL ACTIVITIES RELATED TO ITS EXEMPT PURPOSE MANAGEMENT TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MAPOSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL S	ER SECTINCOM INCOM ANNUAL ATERIAL	TION 501(C)(3) OF E TAX ON LY REVIEWS ITS UNCERTAIN TAX

Jenedale 2 (1 31111 33 3) 23 13		r age S		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493088001036

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

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.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

TTY	SBURG COLLEGE	1252641		
Pa	rt I	-1352641	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	charter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admis programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcas the period of solicitation for students, or during the registration period if it has no solicitation progra that makes the policy known to all parts of the general community it serves? If "Yes," please descriplease explain If you need more space use Part II	m, ın a way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?		Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially non basis?	discriminatory 4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	dealing 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	<u>4d</u>	Yes	
5	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			
	Students' rights or privileges?	5a		No
b	Admissions policies?	<u>5b</u>		No
C	Employment of faculty or administrative staff?	<u>5c</u>		No
d	Scholarships or other financial assistance?	<u>5d</u>		No
	Educational policies?	<u>5e</u>		No
	Use of facilities?			No
g	Athletic programs?			No
h	O ther extracurricular activities?	<u>5h_</u>	1	No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 of Rev. Proc. 75-50.1975-2 C.B. 587. covering racial nondiscrimination? If "No." explain on Part I	through 4 05	Vas	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

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 DIRECT LOAN PROGRAMS

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493088001036

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Internal Revenue Service					Tilspection
Name of the organization				Employer ident	ification number
GETTYSBURG COLLEGE					
				23-1352641	
Part I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1 For grantmakers. Does the o	<u> </u>		s to substantiate the s	amount of its grants	
and other assistance, the gra	_		•		
used to award the grants or a	issistance?				✓ Yes
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ice is needed)	
			1		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					3,738,84
b Total from continuation sheets to Part I		1			53,107,75
c Totals (add lines 3a and 3b)		1			56,846,598
For Panerwork Peduction Act Notice see	the Instructions	for Form 000	Cat I	No. 50082W Schedu	ule E /Form 990\ 2014

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

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.

Part III can be duplicated 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 assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) COLLEGE GRANT	Central America and the Caribbean	1			15,477	FIN AID	FMV
(2) COLLEGE GRANT	East Asia and the Pacific	40			576,266	FIN AID	FMV
(3) COLLEGE GRANT	Europe (Including Iceland and Greenland)	164			2,103,967	FIN AID	FMV
(4) COLLEGE GRANT	Mıddle East and North Afrıca	10			143,932	FIN AID	FMV
(5) COLLEGE GRANT	South America	12			208,273	FIN AID	FMV
(6) COLLEGE GRANT	South Asia	2			36,564	FIN AID	FMV
(7) COLLEGE GRANT	Sub-Saharan Africa	14			200,927	FIN AID	FMV
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	L			I	I	Sched	ule F (Form 990) 2014

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	₽	Yes	Г	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	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)	দ	Yes	Γ	Νo
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	্ব	Yes	Γ	Νo
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)	্ব	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: do not file with Form 990)	Г	Yes	অ	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

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 FAMI LY RESOURCES ACCESS TO SUCH AID IS CONSIDERED A PRIVILEGE, NOT A RIGHT THE QUALIFICATION S FOR ASSISTANCE, IN ADDITION TO NEED, ARE ACADEMIC ABILITY, ACADEMIC ACHIEVEMENT, AND PRO MISE OF CONTRIBUTION AS A STUDENT AND CITIZEN FINANCIAL AID GRANTS TO STUDENTS ARE DIRECT LY 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

990 Schedule F, Supplemental Information

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 QUOTA
	TIONS FROM ORGANIZED SECURITY EXCHANGES ARE USED AS THE BASIS OF FAIR VALUE. FOR INVESTMEN
	TS 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 ADDI
	TIONAL UNCERTAINTY THEREFORE, VALUES REALIZED UPON DISPOSITION MAY VARY SIGNIFICANTLY FRO
	M CURRENTLY REPORTED VALUES

Additional Data

Software ID: Software Version:

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmakıng		15,477
East Asia and the Pacific			Grantmakıng		576,266
Europe (Including Iceland and Greenland)			Grantmakıng		2,103,967

Form 990 Schedule F	Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
Middle East and North Africa			Grantmakıng		143,932			
South America			Grantmakıng		208,273			
South Asia			Grantmaking		36,564			

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	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
Sub-Saharan Africa			Grantmakıng		200,927
Central America and the Caribbean			Program Services	Education	80,470
East Asia and the Pacific			Program Services	Education	31,737

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
Europe (Including Iceland and Greenland)			Program Services	Education	220,322			
Middle East and North Africa			Program Services	Education	36,677			
North America			Program Services	Education	34,951			

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
South America			Program Services	Education	23,974		
South Asia			Program Services	Education	5,347		
Sub-Saharan Africa			Program Services	Education	11,891		

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside Tl</u>	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
Europe (Including Iceland and Greenland)			Program Services	Recruiting	5,854
North America			Program Services	Recruiting	2,218
South America			Program Services	Recruiting	2,016

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside T</u>	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
South Asia			Program Services	Recruiting	537
Central America and the Caribbean			Program Services	Research	4,361
East Asia and the Pacific			Program Services	Research	14,161

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside T</u>	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
Europe (Including Iceland and Greenland)			Program Services	Research	27,424
Middle East and North Africa			Program Services	Research	2,494
North America			Program Services	Research	187,344

Form 990 Schedule F	Part I - Activit	<u>ties Outside T</u>	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
South America			Program Services	Research	3,000
Central America and the Caribbean			Program Services	Study Abroad	34,950
East Asia and the Pacific			Program Services	Study Abroad	969,992

Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ies Outside T</u>	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
Europe (Including Iceland and Greenland)		1	Program Services	Study Abroad	4,463,564
Middle East and North Africa			Program Services	Study Abroad	193,791
South America			Program Services	Study Abroad	218,740

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
South Asia			Program Services	Study Abroad	36,700		
Sub-Saharan Africa			Program Services	Study Abroad	293,230		
Central America and the Caribbean			Investments		45,800,963		

Form 990 Schedule F I	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
Europe (Including Iceland and Greenland)			Investments		854,484
Central America and the Caribbean			Fundraising		
East Asia and the Pacific			Fundraising		

Form 990 Schedule F I	Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region							
Europe (Including Iceland and Greenland)			Fundraising									
Middle East and North Africa			Fundraising									
North America			Fundraising									

Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ies Outside T</u>	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
South America			Fundraising		
Sub-Saharan Africa			Fundraising		

DLN: 93493088001036

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

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

Supplemental Information Regarding

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Fundraising Active filers are not required. Indicate whether the organizations Mail solicitations Internet and email solicity Phone solicitations In-person solicitations	ed to complete the zation raised funds t itations written or oral agree orm 990, Part VII)	s part. hrough a	ny of the f e f g		eck all that apply n-government grants vernment grants	line 17. Form 990-EZ
 a Mail solicitations b Internet and email solic c Phone solicitations 	itations written or oral agree orm 990, Part VII)	ment witl	e f g	Solicitation of no	n-government grants vernment grants	
b	written or oral agree orm 990, Part VII)		f g	Solicitation of go	vernment grants	
c Phone solicitations	written or oral agree orm 990, Part VII)		f g			
	orm 990, Part VII)		g	Special fundraisii	na events	
d In-person solicitations	orm 990, Part VII)				ig events	
	orm 990, Part VII)					
2a Did the organization have a or key employees listed in F	naid individuals or	•				Γ _{Yes} Γ _{No}
b If "Yes," list the ten highest to be compensated at least			fundraise	rs) pursuant to agreem	nents under which the fu	ındraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1						
2						
2						
3						
4						
5						
6						
7						
0						
8						
9						
10						
otal			<u>▶</u>			
List all states in which the o registration or licensing	rganızatıon ıs regist	ered or li	censed to	solicit contributions (or has been notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut					
		3 . 3	(a) Event #1 ORANGE & BLUE	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))		
<u>Ф</u>			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	144,876			144,876		
æ	2	Less Contributions	104,409	9		104,409		
	3	Gross income (line 1 minus line 2)	40,463	7		40,467		
	4	Cash prizes						
မွာ	5	Noncash prizes						
Expenses	6	Rent/facility costs						
졄	7	Food and beverages .						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	40,46	7		40,467		
	10	(40,467)						
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)				
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Drea	5	Other direct expenses						
	6	Volunteer labor	┌ Yes %	┌ Yes %	☐ Yes %			
		Direct expense summary Add line						
	8	Net gaming income summary Subt	tract line 7 from line 1, co	olumn (d)	<u> </u>			
9 a b	Is th	er the state(s) in which the organization for the organization licensed to conduction." No," explain	t gaming activities in eac	h of these states?		「Yes 「No		
10a b		e any of the organization's gaming 'es," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No		

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3						
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity								
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No						
13	Indicate the percentage of gaming acti		1 1	,							
а	The organization's facility		13a		%						
b	An outside facility				%						
14	Enter the name and address of the pers	Enter the name and address of the person who prepares the organization's gaming/special events books and records									
	Name ▶										
	Address ►										
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming								
154				┌ Yes 「	– _{No}						
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$										
c	If "Yes," enter name and address of the third party										
	Name ▶										
	Address 🏲										
16	Gaming manager information										
	Name 🟲										
	Gaming manager compensation 🕨 \$		······								
	Description of services provided										
	Director/officer	_ Employee	☐ Independent contractor								
17	Mandatory distributions										
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to								
	retain the state gaming license?			Γ _{Yes} [Γ _{No}						
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent								
	ın the organization's own exempt activi		·								
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr								
	Return Reference		Explanation								

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493088001036 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) 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. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 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 Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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	1651		47,342,659	FM∨	FINANCIAL AID
(2) OFF CAMPUS GRANTS AND OTHER ASSISTANCE	9		139,222	FM∨	FINANCIAL AID
(3) PRIZES AND AWARDS	129	204,090		FM∨	
(4) FELLO WSHIPS	120	314,441		FMV	

Part IV Supplemental Ir	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
, , , , , , , , , , , , , , , , , , , ,	GETTYSBURG COLLEGE'S FINANCIAL AID PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ARE DESCRIBED ON SCHEDULE F, PART V

Schedule I (Form 990) 2014

DLN: 93493088001036

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization GETTYSBURG COLLEGE

Employer identification number

23-1352641

Pai	Questions Regarding Compensation		I .	
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of 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			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	,pp,			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	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			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
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		Νo
	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		Νo
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	_		
	Section 33 430-0(c)'	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and (D) Nontaxable (E) Total of (F) Comp					
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990		
See Additional Data Table									

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
· · · · · · · · · · · · ·	THE PRESIDENT IS PROVIDED HOUSING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE COLLEGE THE COST OF HOUSING IS EXCLUDED FROM COMPENSATION UNDER IRC SECTION 119(D) HOUSING IS MADE AVAILABLE TO THE VICE PRESIDENT FOR
	ENROLLMENT AND EDUCATION SERVICES THE VALUE OF HOUSING IS INCLUDED AS REPORTABLE COMPENSATION FOR SCHEDULE J

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

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

(A) Name and Title		(i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
JANET RIGGS, PRESIDENT	(1) (11)	380,141		2,329	51,056 0	50,495 0	484,021	0 0	
CHRISTOPHER ZAPPE, PROVOST	(I) (II)		0	786 0	27,838 0	26,801 0	. 272,422 0	0 0	
DANIEL KONSTALID, VP FOR FINANCE & ADMIN/TREAS	(1) (11)	238,774	0	694 0	31,127 0	41,745 0	312,340	0	
ROBERT KALLIN, VP FOR DEVELOPMENT	(I) (II)		0	4,729 0	27,920 0	27,304 0	275,849	0	
BARBARA FRITZE, VP FOR ENROLLMENT & EDUC SRVS	(I) (II)	0	Ö	10,512 0	28,603 0	19,758 0	292,424	0	
RODNEY TOSTEN, VP FOR INFORMATION TECHNOLOGY	(I) (II)	220,121	0 0	954 0	46,451 0	17,153 0	284,679	0	
JULIE RAMSEY, VP FOR COLLEGE LIFE/DEAN STDNT	(I) (II)	188,028	0	2,531	39,105 0	19,841 0	. 249,505 0	0	
JANE NORTH, EXECUTIVE VICE PRESIDENT	(I) (II)		0 0	1,040	20,436 0	27,610 0	221,795	0	
SUSAN EISENHOWER, CHAIRMAN LDRSHP/PUBLIC POLICY	(I) (II)		0 0	3,036 0	26,941 0	8,305 0	255,970	0	
PETER STITT, FACULTY / EDITOR FOR GB REVIEW	(I) (II)		0	2,662	24,122	15,579 0	221,887	0	
JOHN COMMITO, FACULTY/ENVIRONMENTAL STUDIES	(I) (II)) 166,852) 0	0 0	2,489 0	15,467 0	7,721 0	. 192,529 0	0	
JEFFREY BLAVATT, CEO EISENHOWER INSTITUTE	(I) (II)		0	6,908 0	18,598 0	2,863 0	190,792	0	
PHILIP BOBKO, FACULTY/MANAGEMENT	(I) (II)	158,205	0	2,906	18,766 0	18,350 0	198,227	0	

DLN: 93493088001036

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

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 Part VI. ► Attach to Form 990.

Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

	nal Revenue Service			Inspection											
	e of the organization									Emp	oloyer id	entifica	tion num	ber	
GEI	TYSBURG COLLEGE									23-	-13526	41			1
Pa	art I Bond Issues		·												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price £	(f)) Descriptio	on of purpose	(g) De	feased		On		Pool
i	1	1	1		1		i						behalf of fina		ncing
i	1	1	1							Yes	No	Yes	No	Yes	No
A	ADAMS COUNTY INDUSTRIAL	23-2988777	006116BJ5	06-23-2010	71,5	23,663 F	3 REFINACING		1	Х		X		X	
	DEVELOPMENT AUTHORITY	1	1				·							J	,
	ADAMS COUNTY INDUSTRIAL	23-2988777	006116BQ9	07-24-2013	185	84,772 R	DEEII	NACING		+	X	 	X		X
	DEVELOPMENT AUTHORITY	23-2300///	00011000	07-24-2013	10,5	04,//2	NET TIV	NACING			^		^	J	, ^
		'		!	<u> </u>										
Pa	rt III Proceeds						—					—			
١.	1 Amount of bonds retired			1		<u> </u>	_	В			С	\longrightarrow	D		
1							-0		0			\longrightarrow			
2	A mount of bonds legally defease	ed					0		0			\longrightarrow			
3	Total proceeds of issue	.		!		71,523,6	,63		18,584,722			\longrightarrow			
4	Gross proceeds in reserve fund			!			0		0			\longrightarrow			
5	Capitalized interest from procee			!			0		0			\longrightarrow			
6	Proceeds in refunding escrows						0		0			\longrightarrow			
7	Issuance costs from proceeds				<u> </u>	722,0)14		266,775						
8	Credit enhancement from proce	eds					0	0 0							
9	Working capital expenditures fro	om proceeds					0	0 0							
10	Capital expenditures from proce	eeds					0	0 0							
11	Other spent proceeds					70,801,6	49	1							
12	O ther unspent proceeds						1		0			$\neg \uparrow$			
13	Year of substantial completion				20	010	+	201	13		-				
<u> </u>					Yes	No	+	Yes	No	Yes	l N	lo	Yes	1	No
14	Were the bonds issued as part of	of a current refund	ng issue?		Х			Х			1				
15	Were the bonds issued as part of	of an advance refur	nding issue?		×				Х		†				
16	Has the final allocation of proce	eeds been made?			Х			Х							
17	Does the organization maintain allocation of proceeds?	adequate books ar	nd records to suppo	ort the final	Х			х							
Par	Tt IIII Private Business Us														
					[i	A		В	3		С			D	
l					Yes	No	\Box	Yes	No	Yes	N	lo	Yes	\Box	No
1	1 Was the organization a partner in a partnership, or a member of an LLC, which owned				Ī	X			×						

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

property financed by tax-exempt bonds?

financed property?

Χ

	dule K (Form 990) 2014									Page Z	
Par	t IIII Private Business Use (Continued)					_		_		_	_
			/			B		<u>C</u>		D	
_	Are there any management or service contracts that may result in private	husinoss usol	Yes	No	Yes	No	Yes	No	Yes	No	_
За	of bond-financed property?			Х		Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?										
С	Are there any research agreements that may result in private business use of bond-financed property?			х		х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0 %	0 %					•	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			0 750 %	0 700 %						
6	Total of lines 4 and 5			0 750 %	0 700 %						
7	Does the bond issue meet the private security or payment test?		Х		Х						_
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			Х		х					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of				•				•	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			х		х					
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		Х		Х						
Par	t IV Arbitrage	•		•				•	•	•	
		Α		В		С		D			
		Yes	No	Yes	No	Ye	s	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		х							
2	If "No" to line 1, did the following apply?			•	•	•	•				
а	Rebate not due yet?										_
b	Exception to rebate?	1									_
С	No rebate due?										_
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed			l		 	I				_
3	Is the bond issue a variable rate issue?		Х		Х						_
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х						
b	Name of provider	0		0							
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										

rt IV Arbitrage (Continued)									
<u> </u>	Α		E	В		С			
	Yes	No	Yes	No	Yes	No	Yes	No	
Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		Х					
Name of provider	0 0		0	0					
Term of GIC									
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
Were any gross proceeds invested beyond an available temporary period?		х		Х					
Has the organization established written procedures to monitor the requirements of section 148?	Х		Х						
	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor	A Yes No Yes No Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor	A B C Yes No Yes No Yes No Yes No Yes No Yes No No Yes No Yes No	A B C D Yes No Yes No Yes No Yes No Yes No Yes Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor	

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

DLN: 93493088001036

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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irc.gov/form000

OMB No 1545-0047

Open to Public Inspection

<u>www.ns.gov/10/ms50</u> .		
Name of the organization GETTYSBURG COLLEGE	Employer identi	fication number

23-1352641 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section
	4958
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan or from t organızatı	he	(e)Original principal amount	(f) Balance due	(g) defa		(h) Approv by boar commit	/ed d or	(i)Writi agreem	
			То	From			Yes	No	Yes	No	Yes	No
(1) Stephen K Cloetingh	Board of Trustee	GB Great Productions	X		190,000	169,145		No	Yes		Yes	
(2) Robert N Duelks	Board of Trustee	GB Great Productions	Х		50,000	43,038		No	Yes		Yes	
(3) Robert Garthwait Jr	Board of Trustee	GB Great Productions	Х		50,000	43,038		Νo	Yes		Yes	
(4) John F Jaeger	Subst Contributor	GB Great Productions	Х		100,000	86,068		Νo	Yes		Yes	

otal		▶ \$		341,289								
art III		ssistance Benefiting Ir										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 27.											
` ,	e of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type	of assistance	e (e) Purpos	e of assistance					

Part IV	Business	Transactions	Involving	Interested	Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction		(e) Sharing of organization's revenues?							
				Yes	No						
(1) PETER NORTH	SPOUSE/OFFICER	182,237	EMPLOYEE COMPENSATION		No						
(2) ABIGAIL KALLIN	DAUGHTER/OFFICER	43,596	EMPLOYEE COMPENSATION		No						
(3) LAUREL ANN COHEN	SPOUSE/BOT	102,003	EMPLOYEE COMPENSATION		No						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)	Provide additional info	ormation for responses	to auestions on S	Schedule L (see instructions)
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Return Reference	Explanation
LOANS TO AND/OR FROM	GGP PROMISSORY NOTE GETTYSBURG GREAT PRODUCTIONS (GGP), A DISREGARDED
INTERESTED PERSONS	ENTITY OF GETTYSBURG COLLEGE, RECEIVED LOAN PROCEEDS FROM CERTAIN INTERESTED
	PARTIES TO PARTIALLY FUND A FEATURE LENGTH FILM THAT FURTHER RAISES THE
	NATIONAL VISIBILITY OF GETTYSBURG COLLEGE LOANS ACCRUE INTEREST AT THE RATE
	OF 6% PER ANNUM PRINCIPAL AND INTEREST ON THESE NOTES ARE PAYABLE FROM
	AVAILABLE REVENUES GENERATED FROM FILM DISTRUBITION AS DEFINED BY THE
	PROMISSORY AND SUBORDINATED PROMISSORY NOTE AGREEMENTS

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493088001036

OMB No 1545-0047

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SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

	ne of the organization YSBURG COLLEGE		Employer identification number					
OLII	TODONO COLLEGE				23-1352641			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported of Form 990, Part VIII	n Method of n noncash contr		_	ınts
1	Art—Works of art	X	7		46 FMV			
2	Art—Historical treasures .			•				
3	Art—Fractional interests							
4	Books and publications	Х		1	02 FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	87	2,404,2	40 FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21								
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► (Х	1	6	41 FMV			
	ENT EXPENSES)							
	Other►(PPLIES)	_ X	9	7	98 FMV			
27	O ther ▶()							
	O ther ► ()							
29	Number of Forms 8283 received by t for which the organization completed				29			8
							Yes	No
30a	During the year, did the organization				= -			
	it must hold for at least three years f	rom the dat	e of the initial contribution	, and which is not requ	ired to be used			
	for exempt purposes for the entire ho	olding period	17			30a		Νo
Ł	If "Yes," describe the arrangement i	n Part II						
31							Yes	
32a	Does the organization hire or use thi contributions?		_		noncash · • • •	32a		No
Ŀ	If "Yes," describe in Part II							
		amount in co	olumn (c) for a type of prop	erty for which column	(a) is checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493088001036

OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization GETTYSBURG COLLEGE

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schoolule O (Form 990 or 990-EZ) and its instructions is

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number
23-1352641

USE OF AN AMN UAL SIGNED STATEMENT FROM TRUSTIESS, ADMINISTRATIVE OFFICERS, DEPARTMENT DIRECTORS AND CHAIN REPERSONS BY SIGNING THE CONFLICT OF INTEREST DISCLOSURE STATEMENT, AN INDIVID CERTIFIE S THAT THEY HAVE REVIEWED THE COLLEGE'S CONFLICT OF INTEREST POLICY, ACKNOWLEDGED RESPONS! BUILTY TO FALCE THE INTEREST OF THE COLLEGE'S CONFLICT OF INTEREST IN DECOUT DUTES, A ND DISCLOSED ANY POSSIBLE PERSONAL, FAMILIAL, ANDOR BUSINESS RELATIONSHIPS I REASONABIL. Y COULD GIVE RISE TO A CONFLICT OF INTEREST INVOLVINS GETTY SBURS COLLEGE COMPLETION OF TH EFORMS ALSO ACKNOWLEDGEMENT THAT INDIVIDUALS HAVE A RESPONSIBILITY UNDER THE POLICY TO ADVES ETHE EDOARROOF ANY SIGNIFICANT CHANGES TRUSTEES, ADMINISTRATIVE OFFICE OR DRECTO RS WHO HAVE A CONFLICT OF INTEREST IN A PROPOSED TRANSACTION ARE REQUIRED TO REPRAIN FROM PARTICEPATING IN CONSIDERATION OF THE TRANSACTION ADDITIONAL RESTRICTIONS ON TRANSACTIONS BETWEEN THE COLLEGE AND (I) A TRUSTEE, (II) A FAMILY MEMBER OF A TRUSTEE, (III) MEMORY OF THE RESCIENT'S COUNCIL. (IV) A FAMILY MEMBER OF A MEMBER OF THE PRESCIENT'S COUNCIL OR (IV) ANY ORGANIZATION WITH WHOM ANY OF THE FORESOONS PERSONS HAVE A BUSINES REMAIN FROM THE COLLEGE AND (II) A TRUSTEE, (III) A FAMILY MEMBER OF THE PRESCIENT'S COUNCIL OR (IV) ANY ORGANIZATION WITH WHOM ANY OF THE FORESOONS PERSONS HAVE A BUSINES REMAIN NOT TRA NACT BUSINESS WITH A DISQUALIFIED PARTY, AND NO DISQUALIFIED PARTY SHALL SOL BUSINESS FROM THE COLLEGE IF IT WOULD CREATE A POTENTIAL CONFLICT OF INTEREST CERTAIN NACT BUSINESS WITH THE PRESCIENT OF THE ECCAMPINATION OF THE PRESCIENT AND THE PRESCIENT OF P	Return Reference	Explanation
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TOTAL PART XI, LINE 9 \$(2,600,020)

(499,845)

DLN: 93493088001036

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization GETTYSBURG COLLEGE

Employer identification number

23-1352641

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

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
(1) GETTYSBURG HOTEL MANAGEMENT LLC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 41-2224678	REAL ESTATE	PA	499,845	2,296,902	GETTYSBURG C			
(2) GETTYSBURG GREAT PRODUCTIONS LLC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 90-0845620	FILM PRDN	РА	37,077	770,859	GETTYSBURG C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1) EMPLOYER-CONTRIBUTION VEBA TRUST 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 04-3838440	VEBA TRUST	PA	501(C)9	N/A	GETTYSBURG C		No
(2) EMPLOYEE-CONTRIBUTION VEBA TRUST 300 NORTH WASHINGTON STREET	VEBA TRUST	PA	501(C)9	N/A	GETTYSBURG C		No
GETTYSBURG, PA 17325 04-3838463							

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-	(g) Share of end- of-year assets			Gene mana parti	agıng	(k) Percentage ownership	
				514)							
				31.7			Yes	No	Yes	No	
(1) GETTYSBURG HOTEL INVESTORS LP ONE LINCOLN SQUARE GETTYSBURG, PA 17325 23-2571553	REAL ESTATE	PA	SEE PART VII	EXCL UNDER 512(B)13	499,845	4,950,080		No		No	

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

Name, address, and EIN of related organization	Primary activity Legal domicile (state or foreign country) Direct controlli entity		Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of- year assets	Percentage ownership	Section (b)(i contro entit	n 512 (13) rolled
						<u> </u>]	Yes	No
(1) BULLET LAND INC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 23-2530522	REAL ESTATE	PA	GETTYSBURG COL	C CORP	408,964	278,913	100 000 %	Yes	
(2) MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA 17325 75-3195760	CONCESSIONS	PA	GETTYSBURG COL	C CORP	31,266	47,857	100 000 %	Yes	
(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	PA	NA	TRUST					
(5) CHARITABLE UNITRUSTS (8)	ANNUITY	PA	NA	TRUST					
(6) POOLED INCOME FUND (2)	ANNUITY	PA	NA	TRUST					

No

No No

No

No No No No No

No

No No No

No

No

Yes

Yes

Yes

Yes

Yes

1r

1s Yes

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

Part	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3	·6.
N	lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	
1 Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a
b (Gift, grant, or capital contribution to related organization(s)	1b
c 0	Gift, grant, or capital contribution from related organization(s)	1 c
d L	oans or loan guarantees to or for related organization(s)	1d
e L	oans or loan guarantees by related organization(s)	1e
f D	Dividends from related organization(s)	1f
g S	Sale of assets to related organization(s)	1 g
h F	Purchase of assets from related organization(s)	1h
i E	xchange of assets with related organization(s)	1 i
j L	ease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>
k L	ease of facilities, equipment, or other assets from related organization(s)	1k
I P	erformance of services or membership or fundraising solicitations for related organization(s)	11
m P	erformance of services or membership or fundraising solicitations by related organization(s)	1n
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1r
o 9	Sharing of paid employees with related organization(s)	10
рΕ	Reimbursement paid to related organization(s) for expenses	1р
q F	Reimbursement paid by related organization(s) for expenses	1 q

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

<u> </u>		•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GETTYSBURG HOTEL INVESTORS LP	Α	455,535	FMV
(2) GETTYSBURG HOTEL INVESTORS LP	D	8,500,000	FMV
(3) EMPLOYER-CONTRIBUTION VEBA TRUST	Q	307,125	FMV
(4) BULLET LAND INC	S	155,000	FMV

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

1 <u> </u>															
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets		Disproprtionate allocations? Code V-1 amount box 20 of Sched K-1		Disproprtionate allocations? Code V-UBI amount in box 20 of Schedule		(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No			
								<u>, </u>	\Box	1					

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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

Schedule R (Form 990) 2014