For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

2016

DLN: 93493065004378 OMB No 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

nterna	i Keve	nue Service							Inspection
\ F	or th	e 2016 c		inning 06-01-2016 , and endi	ing 05-31	-2017			
		pplicable	C Name of organization GETTYSBURG COLLEGE				D Employ	er identif	fication number
	dress me ch	change	% FINANCE & ADMINISTRATION				23-135	2641	
	tial re	-	Doing business as						
Fir Detur		minated	Number and street (or D.O. hourst	mail is not delivered to street address)	Room/suite		E Telephoi	ne number	-
		d return	300 NORTH WASHINGTON STREE		Roomysuite	e	(717) 3	337-6200	
□Ар	plicati	on pending	City or town, state or province, co	untry, and ZIP or foreign postal code			(1-17-		
			GETTYSBURG, PA 17325				G Gross re	eceipts \$ 2	40,965,980
			F Name and address of princi DANIEL T KONSTALID	pal officer		H(a) Is t	his a group re	turn for	
			300 NORTH WASHINGTON ST	REET			ordinates? all subordina	tec	□Yes ☑No
Ta	v-ovor	mpt status	GETTYSBURG, PA 17325			incl	uded?	ies	☐ Yes ☐No
-		·		【 (Insert no)	527		No," attach a	•	•
W	ebsit	te:► WW	VW GETTYSBURG EDU			ii(c) Gro	oup exemption	, number	•
€ Forr	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ As	sociation Other		L Year of for	mation 1832	M State	of legal domicile PA
Pa	rt I	Sum	mary						
	1 1	 Briefly des	scribe the organization's mission						
7.1			JRG COLLEGE, A NAT'L,RESIDEN AND PARTICIPANTS IN A CHANC	TIAL COLLEGE COMMITTED TO A	LIBERAL E	DUCATION	N, PREPARES S	STUDENT	S TO BE ACTIVE
2	-	LLADLING	AND PARTICIPANTS IN A CHANC	SING WORLD SEL ATTACH I					
Ē	-								
Governance	-		🗆				-0. 6		
5				discontinued its operations or disp iing body (Part VI, line 1a)				assets 3] 35
Acuviues &	l		-	of the governing body (Part VI, lir				4	30
EE	l		nber of individuals employed in a	5	2,759				
2	l	Total nun	6	896					
ŧ	7a Total unrelated business revenue from Part VIII, column (C), line 12								643,848
	ь	Net unrel	lated business taxable income fr	om Form 990-T, line 34				7b	-245,643
						F	Prior Year		Current Year
Qı	8	Contribut	tions and grants (Part VIII, line 1		22,136,	225	21,588,34		
Ravenua	9	Program	service revenue (Part VIII, line 2		159,388,	648	161,922,919		
۶.	10	Investme	ent income (Part VIII, column (A		6,857,	665	10,499,48		
_	11	Other rev	venue (Part VIII, column (A), line		2,972,				
	12	Total rev	enue—add lines 8 through 11 (n		191,355,	429	196,837,63		
	l		•	, column (A), lines 1–3) . .			52,738,	011	54,637,132
	l			column (A), line 4)					(
3	l	•		penefits (Part IX, column (A), line	•		75,996,	640	75,578,084
Expenses	Ι.			lumn (A), line 11e)	•				(
S	l		raising expenses (Part IX, column (D)	·					
	l			es 11a-11d, 11f-24e)	•		48,772,	_	47,277,89:
	l	•	•	qual Part IX, column (A), line 25)			177,506,		177,493,103
- S	19	Revenue	less expenses Subtract line 16	from line 12		Beginnu	13,848, ng of Current \		19,344,525 End of Year
Net Assets or Fund Balances									
Bak	20	Total ass	ets (Part X, line 16)				504,817,	734	566,654,70
2 2	21	Total liab	ollities (Part X, line 26)				122,401,	863	140,469,610
			ts or fund balances Subtract line	21 from line 20	•		382,415,	871	426,185,096
	t III		ature Block	mined this return, including accor	nnanwing c	chodulos a	and statement	s and to	the best of my
				te Declaration of preparer (other					
any k	nowle	edge							
						2	018-03-02		
Sign		Signati	ure of officer				Date	_	
lere		DANIE	L T KONSTALID VP FOR FIN & ADMIN						
			r print name and title						
			Print/Type preparer's name MARGARET A BRADSHAW	Preparer's signature MARGARET A BRADSHAW	Da	te		PTIN P0050122	2
Paid	t			HANGANET A DIADSHAW		s	elf-employed	. 0030122	
⊃re∣	pare	ר דו ⊢	Firm's name KPMG LLP	I DDIVE		_	Firm's EIN ►	206 222	
Jse	On	ıly ˈ	Firm's address > 1676 INTERNATIONA	IL DKIVE			Phone no (703)	∠86-8399	
			MCLEAN, VA 22102						
4			and the second s					I. #1 .	/

Cat No 11282Y

Form 990 (2016)

Form	990 (2	016)				Page 2
Par	t III	Statement of Program S	ervice Accomplis	hments		
		Check if Schedule O contains	response or note to a	any line in this Part III		🗹
1	Briefly	describe the organization's mi		,		
STUD PENN IN CH EXPL HERI	ENT BO SYLVAN HANGIN ORATIO	DDY OF APPROXIMATELY 2,700, NIA THE COLLEGE WAS FOUND IG TIMES, BY PROVIDING A COI DN, AND EVALUATION OF THE II AND THE PROMOTION OF MUSION	IT IS LOCATED ON A ED IN 1832 THE PUR MMUNITY OF LEARNIN DEAS AND ACTIONS O	200-ACRE CAMPUS AD POSE OF GETTYSBURG G BOTH INSIDE AND C F HUMANKIND, AND TO	COLLEGE OF LIBERAL ARTS AND S JACENT TO THE GETTYSBURG NA COLLEGE IS TO SERVE THE CAU JUTSIDE THE CLASSROOM COMM D THE CREATIVE EXTENSION OF DLUNTEERISM WITHIN THE LOCA	ATIONAL MILITARY PARK IN SE OF LIBERAL EDUCATION ITTED TO THE DISCOVERY, THAT DEVELOPING
2	Did th	e organization undertake any s	anificant program cor	uces during the year w	hich were not listed on	
_				vices during the year w	Their were not listed on	☐ Yes ☑ No
		s," describe these new services				Lifes Life
3		ie organization cease conducting		changes in how it cond	ucte any program	
,		es?	, or make significant	changes in now it cond	ucts, any program	☐ Yes ☑ No
		es," describe these changes on S	hadula O			Lifes Lino
4	Descri Sectio	ibe the organization's program :	ervice accomplishmer	to report the amount of	largest program services, as me of grants and allocations to other	
	(Code) (Expenses	156,864,090	including grants of \$	54,637,132) (Revenue \$	164,702,011)
	•	dditional Data	• •		, , ,	, , ,
4b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d		program services (Describe in	Schedule O) Including grants of	ф	\/Pevenue #	`
40	• •	nrogram service expenses		-) (Revenue \$,

or X as applicable

Page 3

No

Nο

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

5

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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? Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒

Nο Nο No Nο

Nο

Nο

Nο

Nο

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Nο

Form 990 (2016)

Yes

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Form 990 (2016)							
Par	t IV Checklist of Required Schedules (continued)						
			Yes	No			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
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						

	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

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2016)

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Νo

Νo

Nο

Nο

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🕏

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page
Par	t 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3,387			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
_	this return	4 1	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	+a		No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. 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]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ı — — —

orm 9	90 (2016)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to li	
Sec	Check if Schedule O contains a response or note to any line in this Part VI			✓
-	tion At Governing Body and Flanagoment		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
ŀ	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 I	Enter the number of voting members included in line 1a, above, who are independent 1b 30			
	Old 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
(Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
	Old the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
	Old the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
	Oid the organization have members or stockholders?	6		No
1	Old 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
ı	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
t	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
9 1	Each committee with authority to act on behalf of the governing body?	8b 9	Yes	N-
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenu		a 1	No
<u> </u>	tion b. Folicies (This section is requests information about policies not required by the Internal Nevenu		Yes	No
.0a l	Old the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b I	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Old the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
(Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Oid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Oid the organization have a written whistleblower policy?	13	Yes	
.5	Old the organization have a written document retention and destruction policy? Old the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	Yes	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
]	f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a caxable entity during the year?	16a		No
ı	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
.7 I	List the States with which a copy of this Form 990 is required to be filed ► AZ , CA , FL , GA , IL , IN , ME , MD , MN PA , VA	NH , N	IY , OK ,	, OR ,
.8 9	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)			
	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			
	State the name, address, and telephone number of the person who possesses the organization's books and records FINANCE ADMINISTRATION 300 NORTH WASHINGTON ST GETTYSBURG, PA 17325 (717) 337-6200			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII 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

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

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

(C) (A) (B) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former Q#||5€| organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Name and Title

Average

hours per

week (list

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated amount of other

compensation

Page 8

343,316

181,626

174,922

150,282

148,129

Form 990 (2016)

		week (list any hours								from the from related organizations (I		
		for related organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/109	99-MISC)	2/1099-MISC	,	organizati relate organiza	ed	
See	Addıtıonal Data Table											\top			
	Sub-Total			•		•	>								
				<u>. </u>	<u></u>	<u>. </u>	<u> </u>		3,	.164,936		0	684,285		
2	Total number of individuals (including of reportable compensation from the			se list	:ed a	3bov	e) who) rec	eived mo	re than \$1	.00,000				
					_	—		—					Yes	No	
3	Did the organization list any former of			tee, k	æy ε	ampl	oyee,	or hi	ghest cor	mpensated	employee on				
_	line 1a? If "Yes," complete Schedule J										• •	3	_	No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes		
5	Did any person listed on line 1a receiv					,			_		ıvıdual for	-	162		
	services rendered to the organization	· · ·	ete Sch	ledule	∌ J f0	or su	ıch pei	rson	· ·	• • •		5		No	
1	ection B. Independent Contract Complete this table for your five high	nest compensate										 npen	nsation		
from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B)										(C)					
Name and business address Description of services										Compen	sation 242				

Position (do not check more

than one box, unless person

is both an officer and a

Reportable

compensation

from the

LEGAL COUNSEL

LANDLORD

CONTRACTOR

CONTRACTOR

LANDLORD

Reportable

compensation

from related

MCNEES WALLACE NURICK, 1 S CHURCH STREET HAZLETON, PA 18201

818 CONNECTICUT LLC,

compensation from the organization ▶ 9

1111 14TH STREET NW SUITE 200 WASHINGTON, DC 20005 DAVID RINEHART PAINTING,

9515 GERWIG LANCE SUITE 130 COLUMBIA, MD 21046 JIM BARBARA ENTWISTLE,

380 PLAINVIEW ROAD GETTYSBURG, PA 17325 CB FLOORING,

1260 TABLE ROCK ROAD GETTYSBURG, PA 17325

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all comple	5	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	Ine in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	50,714,177	50,714,177		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	3,922,955	3,922,955		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,652,071	1,442,728	803,733	405,610
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	352,662	352,662		
7 Other salaries and wages	52,053,003	43,427,257	5,960,034	2,665,712
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,492,671	4,566,016	646,880	279,775
9 Other employee benefits	11,271,000	9,186,073	1,488,130	596,797
10 Payroll taxes	3,756,677	3,081,926	471,107	203,644
11 Fees for services (non-employees)				
a Management	0			
b Legal	402,102		402,102	
c Accounting	128,366	8,431	119,935	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	444,051		444,051	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,844,305	1,303,605	377,011	163,689
12 Advertising and promotion	377,079	205,361	171,454	264
13 Office expenses	8,988,554	7,465,122	1,186,564	336,868
14 Information technology	1,684,230	683,793	978,198	22,239

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0

3,761,795

2,884,469

431,957

2,751,870

9,093,107

6,382,870

3,851,873

252,346

237,918

203,713

156,864,090

652,066

577,296

285,428

129,392

834,903

30,134

197,486

203,768

61,628

15,369,234

78,732

235,494

130,221

64,746

2,433

45,067

12,473

16,019

5,259,783

Form 990 (2016)

4,417,823

3,405,391

691,570

2,751,870

9,992,756

6,382,870

4,094,426

468,587

237,918

281,360

177,493,107

684,633

14 Information technology

18 Payments of travel or entertainment expenses for any

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

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

b COLLEGE STORE AND DINING

c SUBSCRIPTIONS AND MEMBERSHIPS

25 Total functional expenses. Add lines 1 through 24e 26 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)

a OFF CAMPUS STUDY

d ADMINISTRATIVE FEES

e All other expenses

15 Royalties .

17 Travel .

16 Occupancy .

20 Interest . .

23 Insurance .

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or

Net

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Tax-exempt bond liabilities

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Secured mortgages and notes payable to unrelated third parties . . .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

		Check if Schedule O contains a response or note to any line in this Part IX $$.			🗹
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,790,344	1	2,632,401
	2	Savings and temporary cash investments	76,413,105	2	81,380,314
	3	Pledges and grants receivable, net	5,242,739	3	7,130,657
	4	Accounts receivable, net	953,519	4	912,610
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
ets	7	Notes and loans receivable, net	0	7	0

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectic contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	0	6	0		
ets	7	Notes and loans receivable, net			0	7	0
Ass	8	Inventories for sale or use	549,408	8	495,473		
A	9	Prepaid expenses and deferred charges					3,568,320
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		341,645,501			
	ь	Less accumulated depreciation	10b	175,840,841	162,218,919	10c	165,804,660
	11	Investments—publicly traded securities .			143,827,232	11	163,666,765
	12	Investments—other securities See Part IV, line	70,124,346	12	78,900,398		
	13	Investments—program-related See Part IV, lin	5,646,855	13	5,242,740		

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56.920.368

566,654,706

16,128,153

1,701,479

87,016,853

328.965

248.591

7.856.355

27.189.214

140,469,610

198,799,080

57,536,665

169.849.351

426,185,096

566.654.706 Form **990** (2016)

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34,462,764

504.817.734

14,344,263

1,566,114

70,385,314

333.489

251.582

8,083,773

27.437.328

122,401,863

179.527.094

45,357,103

157.531.674

382,415,871

504,817,734

2c

3a

3b

Yes

Yes

Yes Form 990 (2016)

consolidated basis, or both Consolidated basis Separate basis ☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Audit Act and OMB Circular A-133?

Additional Data

Software Version:

EIN: 23-1352641 Name: GETTYSBURG COLLEGE

Software ID:

Form 990 (2016)

Form 990, Part III, Line 4a:

UNDERGRADUATE EDUCATION OF STUDENTS

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensat Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) Trust

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JAMES L BANKS JR	1 0	v			0	
TRUSTEE	0 0	_ ^			0	
JOSEPH A BIERNAT	1 0	×			0	,
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DAVID R BRENNAN	1 0	v			0	

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

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DAVID R BRENNAN	1 0	×		
TRUSTEE	0 0			
DONALD BURDEN	1 0	×		

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JAMES L CHEMEL

LORI KONO CLAPP

STEPHEN K CLOETINGH

MARSHA HOFFMAN-COMEGNO

ENID WEDEMEYER CORKRAN

A BRUCE CHAMBERLIN

Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest comper employee Former Individual trust or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line)

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

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ROBERT N DUELKS	1 0	×				0	0	

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MARY CLAIRE LAGNO

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BOB GARTHWAIT JR	1 0	×			0	0	

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Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest cor individual to or director Office Former Key emplo Institutiona organizations MISC) MISC) related below dotted organizations line)

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

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CHARLES T SCOTT

PETER G SEIDEN

JOAN FISCHER SCHWEIZER

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and indiac or dire Highest compensatemplovee Former Institut organizations MISC) MISC) related below dotted organizations employee

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

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TRUSTEE	0.0		

RONALD J SMITH

TRUSTEE

PRESIDENT

PROVOST

JANET M RIGGS

CHRISTOPHER ZAPPE

DANIEL T KONSTALID

VP FOR DEVELOPMENT

ROBERT KALLIN

BARBARA FRITZE

RODNEY TOSTEN

VP FOR FINANCE & ADMIN/TREAS

VP FOR ENROLLMENT & EDUC SRVS

VP FOR INFORMATION TECHNOLOGY

TRUSTEE	0 0							
F KEVIN TYLUS	1 0							_
	•••••	X			0	0	1	0
TRUSTEE	0 0							
LARRY D WALKER	1 0							

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73,385

66,500

75,847

49,234

49,802

56,542

434,460

224,056

252,947

233,874

255,415

228,894

Compensated Employees, and Independent Contractors (D) (C) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related any hours and a director/trustee) organization organizations

(F)

Estimated

compensation

from the

20,684

41,749

33,649

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

								ا معمد منا	/VII 3/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JULIE RAMSEY	40 0			×				199,462	0	47,864
VP FOR COLLEGE LIFE/DEAN STDNT	0 0							·		
JANE NORTH	40 0									
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		ते र		Sवा स्त्			
JULIE RAMSEY	40 0		x		199,462	0	47
VP FOR COLLEGE LIFE/DEAN STDNT	0 0				155,402	Ů	0 47
JANE NORTH	40 0		x		175,672	0	81
EXECUTIVE VICE PRESIDENT	0 0		Ĺ		173,072	0	0.
	40 O						

VP FOR COLLEGE LIFE/DEAN STDNT			;				199,462	0	47,864
·	0 0 40 0			+		\vdash			
JANE NORTH			,				175,672	0	81,118
EXECUTIVE VICE PRESIDENT	0 0					$\perp \perp$,
JEANNE ARNOLD	40 0							_	
CHIEF DIVERSITY OFFICER	0 0		'				163,433	0	24,808
SUSAN EISENHOWER	40 0								
CHATRMAN I DRSHR/DHRI TC DOLTCV					×		231,534	0	36,785

EXECUTIVE VICE PRESIDENT	0 0		^		1/3,0/2	J	
JEANNE ARNOLD	40 0				4.50.400		
CHIEF DIVERSITY OFFICER	0 0		Х		163,433	0	24,808
SUSAN EISENHOWER	40 0				231.534	0	36,785
CHAIRMAN LDRSHP/PUBLIC POLICY	0 0			_ ^	231,334	0	36,763
JOSEPH GRZYBOWSKI	40 0						

CHIEF DIVERSITY OFFICER	0 0						
SUSAN EISENHOWER	40 0			v	231.534	0	36.785
CHAIRMAN LDRSHP/PUBLIC POLICY	0 0			_ ^	251,554	0	30,763
JOSEPH GRZYBOWSKI	40 0			_	197,000	0	26,318
FACULTY/CHEMISTRY				^	197,000	ď	20,316

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194,584

194,117

179,488

SUSAN EISENHOWER	40 0			×	231,534	0	
CHAIRMAN LDRSHP/PUBLIC POLICY	0 0			^	231,334	0	
OSEPH GRZYBOWSKI	40 0			<	197.000	0	
FACULTY/CHEMISTRY	0 0			^	197,000	0	

		l			Ιx		231,534	0	
CHAIRMAN LDRSHP/PUBLIC POLICY	0 0						,		
JOSEPH GRZYBOWSKI	40 0				×		197,000	0	
FACULTY/CHEMISTRY	0 0						157,000		
VEDDY WALTEDS	40 0								

0.0 40 0

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KERRY WALTERS

PHILIP BOBKO

RALPH SORENSEN

FACULTY / BIOLOGY

FACULTY / PHILOSOPHY

FACULTY / MANAGEMENT

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(For	m 990			e if the org	janization is a secti	ion 501(c)(3) c	organization o		2016				
990E	(Z)				4947(a)(1) nonexe ▶ Attach to Form 9				2010				
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EIIY	SBURG	COLLEGE						23-1352641					
Pai					s (All organizations			See instructions.					
	rganız		•		t is (For lines 1 thro	•	•	/ . / · .					
1		•		·	ociation of churches			(A)(I).					
2	✓)(A)(ii). (Attach Sch	,	• • • • • • • • • • • • • • • • • • • •						
3		•	•	•	ce organization descr			•					
4		name, city,	and state	-		-		170(b)(1)(A)(iii). E	·				
5			ation operated for (iv). (Complete Pa		of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	bea in section 1/U				
6		A federal, s	tate, or local gove	rnment or g	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).					
7			ation that normally 'O(b)(1)(A)(vi).			s support from a	governmental u	ınıt or from the gener	al public described in				
8		A communi	ty trust described	in section	170(b)(1)(A)(vi)(Complete Part I	[)						
9					cribed in 170(b)(1) e instructions Enter t			with a land-grant coll college or university	ege or university or a				
10		from activit	ies related to its e	xempt func	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	s, membership fees, a than 331/3% of its su sses acquired by the c	pport from gross				
l 1	П	-	-		exclusively to test for	public safety S	ee section 509	(a)(4).					
2		more public	ly supported orga	nızatıons de		09(a)(1) or sec	tion 509(a)(2	s of, or to carry out th). See section 509(a					
а			-			-	•	zation(s), typically by	giving the supported				
	Ш	organizatio		regularly ap				of the supporting orga					
b		manageme		ig organizat	ion vested in the sam			organization(s), by ha ge the supported orga					
С		Type III fo	unctionally integ	rated. A su				nd functionally integra	ited with, its				
d		functionally	integrated The o	rganization		y a distribution i		th its supported orgar I an attentiveness req					
e		Check this	box if the organiza	ition receive	•	ation from the IF	RS that it is a Ty	pe I, Type II, Type II	I functionally				
f	Enter		of supported orga		megratea sapporting	o. gaa							
g				out the sup	ported organization(5)							
(i)Na	ame ol	f supported o	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No						
			I										
Γotal			tion Act Notice, s			Cat No 11285	_		 90 or 990-EZ) 2016				

	III. If the organization f	ails to qualify un	der the tests list	ed below, please	e complete Part	III.)	
_	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	17,269,449	19,094,720	14,579,016	22,136,225	21,588,345	94,667,755
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	17,269,449	19,094,720	14,579,016	22,136,225	21,588,345	94,667,755
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the			2,,333,333		23,237,233	9,566,689
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						85,101,066
_ 5	Section B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	17,269,449	19,094,720	14,579,016	22,136,225	21,588,345	94,667,755
8	Gross income from interest,	17,209,449	13,034,720	14,379,010	22,130,223	21,300,343	34,007,733
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,357,519	3,113,861	5,205,721	4,535,931	4,690,719	19,903,751
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	35,909	52,757	40,467		65,367	194,500
11							114,766,006
1 2	Gross receipts from related activities,	etc (see instructio	ns)			12	795,688,170
	First five years. If the Form 990 is for			ed fourth or fifth	tay year as a sect		<u> </u>
							iizacion,
_	check this box and stop here						
	Section C. Computation of Publi			1 (6))			
14	Public support percentage for 2016 (II			olumn (r))		14	74 152 %
15						15	74 663 %
16	a 33 1/3% support test—2016. If the				e 14 is 33 1/3% or	more, check this b	
ı	and stop here. The organization qual 33 1/3% support test—2015. If the				nd line 15 is 33 1/3	3% or more, check	
17	box and stop here. The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization neets in Part VI how the organization meets	t— 2016. If the orgon meets the "facts	ganization did not d -and-circumstance	theck a box on line " test, check this	box and stop her	e. Explain	▶ □

organization b 10%-facts-and-circumstances test—2015. 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 ightharpoonssupported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lir			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section 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			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(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)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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	

	III Section 309(a)(1) or (2)	2	i
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	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	Ī

	below	3a	
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	
С	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 12a or 12b in Part I, answer (b) and (c) below	4a	
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box	

		30	l
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	
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		

	to the foleigh supported organization was used exclusively for section 170(e)(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	
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	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		
C-	ection B. Type I Supporting Organizations			
se	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 of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	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		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate analysis to each of the growth of annual to the last the cold of the cold of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported	n 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)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	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 instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	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	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

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	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
			·	·

_		_	
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		Current Year
1		1	Current Year
1 2	Adjusted net income for prior year (from Section A, line 8, Column A)	1 2	Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	-	Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-FZ) 2016

5

instructions)

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 **2016**

DLN: 93493065004378

SCHEDULE C

(Form 990 or 990-

EZ)

•	tment of the Treasurv al Revenue Service	▶Inform	nation about Schedule C (Form 990 <u>www.irs.gov/f</u>	,	its instruc	tions is at	Inspection
SIf the (Prox	ection 501(c)(3) or Section 501(c) (oth Section 527 organize organization ans Section 501(c)(3) o Section 501(c)(3) o corganization ans xy Tax) (see sepal	ganizations Coner than section 5 zations Complets wered "Yes" or rganizations that rganizations that swered "Yes" or rate instructions	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta	te Part I-C ts I-A and C below 990-EZ, Part VI, III section 501(h)) Co inder section 501(h	Do not co ne 47 (Lob omplete Pa n)) Comple	mplete Part I-B bying Activiti rt II-A Do not o	es), then complete Part II-B o not complete Part II-A
	me of the organizat	tion				Employer ide	entification number
Daw	t I-A Complet	to if the over	nization is exempt under section	on E01(s) or is		23-1352641	vization
1 2 3	Provide a descrip Political expendit Volunteer hours	tion of the organ ures	ization is exempt under section ization's direct and indirect political ca	mpaign activities ir		n 527 orgar ▶	\$
1 2 3 4a b	Enter the amount	t of any excise ta t of any excise ta in incurred a sect made?	ix incurred by the organization under six incurred by organization managers is incurred by organization managers is incurred by organization 4720 for 4720 for	section 4955 under section 4955		>	\$
Par 1 2 3 4 5	Enter the amount Enter the amount function activities Total exempt fun Did the filing organization mad of political contributions.	t directly expend t of the filing org ction expenditure anization file Fori addresses and e le payments For putions received	nization is exempt under section of the filing organization for section anization's funds contributed to other of the section	n 527 exempt functions for second form 1120-POL, of all section 527 polyount paid from the red to a separate p	tion activition to the section 527 Inne 17b Dilitical organical	es exempt nizations to whinization's fundanization, such	\$\$ \$ Yes
	(a) Nam	e	(b) Address	(c) EIN	filing o	ount paid from organization's If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
2							
3							
4							
5							
6							
Ear D	anomuork Roduction	Act Notice coef	he instructions for Form 900 or 900-F7		·		· · · · · · · · · · · · · · · · · · ·

Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

FORM 990, SCHEDULE C, PART II-B,

EDUCATION

LINE 1I

Pa	art II-B Complete if the organization is exempt under section 501(c)(3	3) and has NOT fil	ed			
	Form 5768 (election under section 501(h)).					
or e	each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description o	of the lobbying	(a)		(b)	
ctivi			Yes	No	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or including any attempt to influence public opinion on a legislative matter or referendum, the					
а	a Volunteers?	Ĺ	_	No	l	
b	Paid staff or management (include compensation in expenses reported on lines 1c through	h 1ı)?		No	l	
c				No	l	_
d	Mailings to members, legislators, or the public?			No		
е	Publications, or published or broadcast statements?			No		
f	Grants to other organizations for lobbying purposes?			No		_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Ĺ	Yes			(
h	n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means	,7		No		_
i	Other activities?		Yes			_
j	Total Add lines 1c through 1i				i	(
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)	7		No	i	
b	If "Yes," enter the amount of any tax incurred under section 4912				ĺ	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 49	912			i	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				i	
Par	art III-A Complete if the organization is exempt under section 501(c)(4	4), section 501(c)	(5), o	r secti	on 501(c	
	(6).					· —
	West out to the Health all (000) and analysis and additional by manufactures.			_	Yes	N
1	Were substantially all (90% or more) dues received nondeductible by members?			 -	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	0		F	3	<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior	•			_	
	art III-B Complete if the organization is exempt under section 501(c)(4 and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		III-A)(c
1	Dues, assessments and similar amounts from members	· · · · · · · · · · · · · · · · · · ·	1	<u> </u>		—
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amous expenses for which the section 527(f) tax was paid).	nts of political				
a			2a			
b			2b			
С			2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year?		4			
	·		5			
5						
	Part IV Supplemental Information					_
Pro	Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A instructions), and Part II-B, line 1 Also, complete this part for any additional information	(affiliated group list),	Part II-	A, lines	1 and 2 (se	 e
Pro	rovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A istructions), and Part II-B, line 1 Also, complete this part for any additional information		Part II-	A, lines	1 and 2 (se	e
Provinst	rovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A istructions), and Part II-B, line 1 Also, complete this part for any additional information	nation ND LETTERS TO OR ME IN LEGISLATION AND	ET WIT	TH POLIT	TICAL ED TO HIGHI	

GETTYSBURG COLLEGE PAYS DUES TO VARIOUS ORGANIZATIONS, SOME PORTION OF WHICH MAY BE

USED IN CONNECTION WITH LOBBYING ACTIVITIES RELATED TO ISSUES THAT IMPACT HIGHER

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

As Filed Data -

DLN: 93493065004378 OMB No 1545-0047

Open to Public

Supplemental Financial Statements

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

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** GETTYSBURG COLLEGE 23-1352641 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Sche	edule D (Form 990) 2016							Page 2
Par	t IIII Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other	Similar Asset	S (conti	าued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)							
а	Public exhibition		d 🗌 Loa	n or exchange prog	rams			
b	Scholarly research		e 🗌 Oth	ner				
c	Preservation for future generation	s						
4	Provide a description of the organization Part XIII	s's collections and explair	n how they further t	he organization's ex	empt purpose ir	1		
5	During the year, did the organization so assets to be sold to raise funds rather the				ılar 🔲	Yes	□ N	lo
Pa	rt IV Escrow and Custodial Arra Complete if the organization X, line 21.		orm 990, Part IV,	line 9, or reporte	d an amount o	on Form	990,	Part
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	istodian or other interme	diary for contributio	ons or other assets I	_	Yes	□ N	lo
b	If "Yes," explain the arrangement in Par	t XIII and complete the t	following table		Amou	ınt		_
c	Beginning balance	t AIII and complete the	ollowing table	1c	Amot			_
d	<u> </u>			1d				_
e	· ,			1e				_
f	Ending balance			1f				_
2a	Did the organization include an amount	on Form 990, Part X, line	21, for escrow or o	custodial account lia	ibility?	Yes		_ -
b	If "Yes," explain the arrangement in Par	t XIII Check here if the	explanation has bee	en provided in Part)	«III			
Pa	art V Endowment Funds. Comple							
1.	Beginning of year balance	(a)Current year 282,922,994	(b) Prior year 295,910,848	(c)Two years back 289,299,515	(d)Three years ba 261,569,9			rs back 450,602
	Contributions	9,614,508			10,498,0			653,004
	Net investment earnings, gains, and losse	31.606.071			25,910,			508,131
	Grants or scholarships	3,049,711			2,566,:	186	2.	469,523
	Other expenditures for facilities and programs	7,367,800	, ,		6,113,0			572,262
f	Administrative expenses							
	End of year balance	313,816,062	282,922,994	295,910,848	289,299,!	515	261,	569,952
2	Provide the estimated percentage of the	current vear end balance	e (lıne 1a. column (a)) held as				
а	Board designated or quasi-endowment i	•	- (···· 5 ,···· (,,				
ь	Permanent endowment ► 54 000 %							
c		15 000 %						
	The percentages on lines 2a, 2b, and 2c	should equal 100%						
3а		ossession of the organiza	ation that are held a	and administered for	r the	1		
	organization by (i) unrelated organizations					3a(i)	Yes Yes	No
	(ii) related organizations					3a(ii)	165	No
b		zations listed as required	on Schedule R?			3b		
4	Describe in Part XIII the intended uses of							
Pa	rt VI Land, Buildings, and Equip	oment.						
	Complete if the organization							
		or other basis vestment) (b)Cos	t or other basıs (other)	(c)Accumulated d	epreciation	(d) Bo	ok valu	e
1 a	Land		4,491,92	8				4,491,928
b	Buildings		272,766,53	2	134,364,826		138	3,401,706
c	Leasehold improvements							
d	Equipment		57,991,79	9	41,476,015		16	5,515,784

6,395,242

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

6,395,242

165,804,660

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organiza	tion answ	ered 'Yes' on F	orm 990, F	Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book	value		c)Method o	f valuation ar market value
(1)Financial derivatives				or end or ye	ar market value
(2)Closely-held equity interests					
(A) HEDGE FUNDS		5,301,016		F	
(B) REAL ASSETS		9,790,262		F	
(C) PRIVATE EQUITY (C)	12	2,809,120		F	
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	• 78	3,900,398			
Part VIII Investments—Program Related. Complete if			wered 'Yes' on	Form 990,	Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) B	ook value		c) Method o	
(1)			Cost	or ena-or-ye	ar market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)					
Part IX Other Assets. Complete if the organization answered	d 'Yes' on For	m 990, Pa	rt IV, line 11d Se	e Form 990	
(1) FUNDS HELD IN TRUST BY OTHERS					(b) Book value 38,560,620
(2) DEBT AGREEMENT DEPOSITS (2)					18,359,748
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				. •	56,920,368
Part X Other Liabilities. Complete if the organization a	answered 'Y	'es' on Fo	rm 990, Part IV	, line 11e	
See Form 990, Part X, line 25. 1. (a) Description of liability		(b) Bo	ook value		
(1) Federal income taxes			0		
STUDENT'S ADV PYMT & DEPOSITS			2,296,873		
ADVANCES FROM FEDERAL GOV'T			1,489,869		
DEP HELD IN CUSTODY FOR OTHERS			810,325		
ANNUITIES PAYABLE			6,765,171		
ACCRUED POST RETIREMENT COSTS			15,826,976		
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of	• of the footnot	e to the on	27,189,214	cial stateme	ents that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 2)					

1

2

а

e

3

5

1

2

b

d

3

4

C 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

Amounts i Investmen b Other (De:

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Other losses .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d
Subtract line 2e from line 1
Amounts included on Form 990, Part VIII, line 12, bu
Investment expenses not included on Form 990, Part
Other (Describe in Part XIII)
Add lines 4a and 4b

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue, gains, and other support per audited financial statements

ut not on line 1 t VIII, line 7b .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 4a 4b

> > 2a

2b

2c

2d

2a

2b 2c

2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c

						Γ
_			 			ı

2e	
3	
4c	
5	

2e

3

3	Subtract line 2e from line 1 .	i	
4	Amounts included on Form 990, F	art IX, line 25, but not on line 1:	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII) .	4b	
C	Add lines 4a and 4b		c
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18)	
Pai	t XIII Supplemental Info	rmation	
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, nes 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide ar	ny additional information
Return Reference Explanation			
ee A	Additional Data Table		

Schedule D (Form 990) 2015

Page 5	Schedule D (Form 990) 2015			
tinued)	Part XIII Supplemental Information (co			
Explanation	Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

Supplemental Information Return Reference

Explanation

SCHEDULE D, PART V, LINE 4, ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION ENDOWMENT FUNDS MUST **PROV SUPPORTS**

D

HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD. AS WELL AS DESIGNATED FUNDS. THE COLL EGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO IDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING T O MAINTAIN PURCHASING POWER OF THE ENDOWMENT ASSETS OVER TIME ENDOWMENT SPENDING OPERATIONS OF THE COLLEGE INCLUDING SCHOLARSHIPS AND INSTRUCTIONAL, ACADEMIC SUPPORT AND STUDENT SERVICES ACTIVITIES AS SPECIFICALLY RESTRICTED BY THE DONOR OR OTHERWISE DESIGNATE

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE COLLEGE IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT EDUCATIONAL INSTITUTION AND, THEREFORE, QUALIFIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE FOR EXEMPTION FROM FEDERAL INCOME TAX ON ACTIVITIES RELATED TO ITS EXEMPT PURPOSE MANAGE MENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCE RTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493065004378 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** GETTYSBURG COLLEGE 23-1352641 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

Schedule E (Form 990 or 990EZ) (2016) Page 2									
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	GETTYSBURG COLLEGE'S NONDISCRIMINATORY POLICY IS AVAILABLE ON THE COLLEGE'S WEBSITE								
SCHEDULE E, PART I, LINE 6A	FEDERAL FUNDS ARE RECEIVED FOR STUDENT FINANCIAL AID PACKAGES, RESEARCH, AND OTHER PROGRAMS GETTYSBURG COLLEGE PARTICIPATES IN THE FOLLOWING FEDERAL STUDENT FINANCIAL AID PROGRAMS FEDERAL PELL, FSEOG, FEDERAL WORK STUDY, FEDERAL PERKINS LOAN, AND FEDERAL DIRECT LOAN PROGRAMS								

Schedule F (Form 990 or 990-FZ) (2016)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493065004378 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number GETTYSBURG COLLEGE 23-1352641 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the region (by type) (e.g., program service, describe for and investments employees, agents, fundraising, program and independent specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 4,448,000 3a Sub-total 45,045,511 **b** Total from continuation sheets to Part I 49,493,511 c Totals (add lines 3a and 3b) Cat No 50082W For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2016

Page **3**

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.

Taic III can be	auplicated if addition	onar space is i	iccaca.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							
1		l l		Í		1	

Sche	dule F (Form 990) 2016		Page 4
Par	t 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	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)		
	Instructions for Forms 5520 and 5520 Pry	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☑ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☑ No

Schedule F (Form	990) 2016 Page 5
Prov amo met	pplemental Information vide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; punts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting chod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide additional information (see instructions).
Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	GRANTS ISSUED BY GETTYSBURG COLLEGE ARE PRIMARILY IN THE FORM OF FINANCIAL AID FOR WORTHY AND PROMISING STUDENTS WHO ARE UNABLE TO FINANCE THEIR EDUCATION FROM PERSONAL AND/OR FAMILY RESOURCES ACCESS TO SUCH AID IS CONSIDERED A PRIVILEGE, NOT A RIGHT THE QUALIFICATIONS FOR ASSISTANCE, IN ADDITION TO NEED, ARE ACADEMIC ABILITY, ACADEMIC ACHIEVEMENT, AND PROMISE OF CONTRIBUTION AS A STUDENT AND CITIZEN FINANCIAL AID GRANTS TO STUDENTS ARE DIRECTLY APPLIED BY THE COLLEGE TO OFFSET BILLED AMOUNTS (I E TUITION) ON THE STUDENT'S ACCOUNT, THEREBY REDUCING THE NET

BALANCE DUE TO THE COLLEGE

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

Additional Data

East Asia and the Pacific

Greenland)

Europe (Including Iceland and

Software ID: Software Version:

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

499,684

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

(a) Region	offices in the region (by typing region) region agents in fundraising, process, gran recipients located 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		60,761

Grantmaking

Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 126.265 lGrantmakınd North America Grantmakıng 75,160 South America Grantmakına 343.124

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa 95,788 lGrantmakınd 83,947 Central America and the Program Services Education Caribbean East Asia and the Pacific Program Services **I**Education 27,591

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (ı e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and Education 221,323 Program Services Greenland) Middle East and North Africa Education 109.268 Program Services North America Program Services **I**Education 30,070

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Russia and the Newly Education 16,107 Program Services Independent States South America Education 3.358 Program Services South Asia Program Services **I**Education 8,138

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa Education 12.918 Program Services East Asia and the Pacific Program Services Recruiting 12,325 Europe (Including Iceland and Program Services Recruitina 2,486 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (ı e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) North America 314 Program Services lRecruitina 22,850 Central America and the Program Services Research Caribbean East Asia and the Pacific Program Services Research 25,150

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 25.082 Program Services lResearch Greenland) North America 99.718 Program Services lResearch South America Program Services Research 11,291

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) South Asia 425 Program Services lResearch Sub-Saharan Africa 6,598 Program Services Research Central America and the Program Services Study Abroad 62,200 Carıbbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific Study Abroad 777,901 Program Services Europe (Including Iceland and 4,087,865 Program Services Study Abroad Greenland) Middle East and North Africa Program Services Study Abroad 276,870

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America Study Abroad lProgram Services 57.900 South America Program Services Study Abroad 382,350 Sub-Saharan Africa Program Services Study Abroad 136,060

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 38,561,575 Investments Caribbean Europe (Including Iceland and 448.592 Investments Greenland) Central America and the Fundraising 550 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific 36,925 lFundraisina Europe (Including Iceland and 21,517 iFundraising Greenland) North America Fundraising 919

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) Sub-Saharan Africa 373 lFundraising

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (h) Method of (f) Amount of (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) COLLEGE GRANT 60,761 FIN AID |FMV Central America land the Caribbean COLLEGE GRANT 37 499.684 | FIN AID IFMV East Asia and Ithe Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of (c)Number or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) COLLEGE GRANT 186 2,722,173 FIN AID FMV lEurope (Including lIceland and (Greenland COLLEGE GRANT 10 126,265 |FIN AID IFMV Middle East and North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) COLLEGE GRANT 75,160 FIN AID **IFMV** North America COLLEGE GRANT 20 343,124 FIN AID FMV South America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) COLLEGE GRANT 95,788 FIN AID **IFMV** Sub-Saharan Africa

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization GETTYSBURG COLLEGE 23-1352641 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

Supplemental Information Regarding

DLN: 93493065004378

OMB No 1545-0047

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SCHEDULE G

(Form 990 or 990-EZ)

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c)Other events (a)Event #1 (d) Total events **ORANGE & BLUE** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 160,379 160,379 2 Less Contributions. 95,012 95,012 3 Gross income (line 1 minus 65,367 65,367 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 65,367 65,367 **10** Direct expense summary Add lines 4 through 9 in column (d) 65,367 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2016					F	age
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords			
	Name •						
	Address >						
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b			ganization ▶ \$ and th	ne			
	amount of gaming revenue retained b	y the third party $ hildsymbol{\blacktriangleright}$ \$					
С	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hilde{ ho}$ \$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	,	te law to make charitable di	stributions from the gaming proceeds to		_		
_	retain the state gaming license?				☐ Yes	□ No	
b	·		uted to other exempt organizations or spent				
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt	
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid				
	Return Reference		Explanation				
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201

efile GRAPHIC print - DO NOT PROCESS DLN: 93493065004378 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** GETTYSBURG COLLEGE 23-1352641 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **✓** Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

(5)

(6) (7)

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

Explanation

Return Reference

SCHEDULE I, PART I, LINE 2 GETTYSBURG COLLEGE'S FINANCIAL AID PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ARE DESCRIBED ON SCHEDULE F. PART V

Schedule I (Form 990) 2016

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DLN: 93493065004378

OMB No 1545-0047

2015

Open to Public Inspection

Schedule J (Form 990)

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

Compensated Employees ▶ Complete if the organization answered "Yes" on 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.

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization GETTYSBURG COLLEGE 23-1352641 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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) 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 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 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 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III

ın Part III

section 53 4958-6(c)?

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

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Νo

Νo

Schedule J (Form 990) 2015							Page Z					
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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual												
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in					
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990					

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Schedule 5 (1 offil 550) 2015	r age 3									
Part III Supplemental Information										
Provide the information, explanation, o	r 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									

Schedule 1 (Form 990) 2015

lenrollment and education services and the chief diversity officer the value of housing is included as reportable COMPENSATION FOR SCHEDULE J

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

Form 990, Schedule J, F	Part II	: - Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	ated Employees		
(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MI: (ii) Bonus & Incentive compensation	Bonus & Other reportable		(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1JANET M RIGGSPRESIDENT	(1)	431,154		3,306	38,916	42,137	515,513	0
	(11)	0	0	0	0			0
1CHRISTOPHER ZAPPE	(1)	222,515		1 5 4 1	20.212	29.024	201 202	
PROVOST	(11)	0		1,541	29,312	38,024	291,392	
			0	U	U	0	0	0
2DANIEL T KONSTALID VP FOR FINANCE &	(1)	251,879		1,068	32,753	44,171	329,871	0
ADMIN/TREAS	(11)	0	0	0	0		-	0
3ROBERT KALLIN VP FOR DEVELOPMENT	(1)	228,611	0	5,263	29,329	20,741	283,944	0
VF FOR DEVELOPMENT	(11)	0	0	0	0			0
ADADDADA EDITZE						0	0	
4BARBARA FRITZE VP FOR ENROLLMENT & EDUC SRVS	(1)	243,727	0	11,688	30,112	22,231	307,758	0
	(11)	U	0	0	О	-0	- 0	0
5RODNEY TOSTEN VP FOR INFORMATION	(1)	227,806	0	1,088	38,518	19,124	286,536	0
TECHNOLOGY	(11)	0	0	0	0	-	- 0	0
6JULIE RAMSEY	(1)	196,465	0	2,997	28,699	20,631	248,792	0
VP FOR COLLEGE LIFE/DEAN STDNT	(11)	0		0	0			0
7 JANE NORTH	(1)	472.047				0	0	
EXECUTIVE VICE PRESIDENT	(1)	173,847	0	1,825	20,727	61,514	257,913	0
	(11)	0	0	0	0	-0	- 0	0
8JEANNE ARNOLD CHIEF DIVERSITY OFFICER	(1)	148,737	0	14,696	16,558	8,892	188,883	0
	(11)	0	0	0	0	-	-	0
9susan eisenhower Chairman Ldrshp/public	(1)	227,069	0	4,465	28,307	9,304	269,145	0
POLICY	(11)	0	0	0	0			0
10JOSEPH GRZYBOWSKI	(1)	195,618	0	1,382	16,810	0 9,874	223,684	0
FACULTY/CHEMISTRY	(11)			1,302	10,810		223,004	
AAVEDDV WALTEDS		-	0	O O	٥	0	0	
11KERRY WALTERS FACULTY / PHILOSOPHY	(1)	193,871	0	713	19,310	1,738	215,632	0
	(11)	0	0	0	0	-0	- 0	0
12PHILIP BOBKO FACULTY / MANAGEMENT	(1)	191,689	0	2,428	23,764	18,565	236,446	0
	(11)	0	0		0		-	0
13RALPH SORENSEN FACULTY / BIOLOGY	(1)	178,400	0	1,088	14,484	19,446	213,418	0
- -	(11)	0	0	0	0	-		0
						0	1 0	

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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.												OMB No 1545-0047 2016						
Department of the Treasury Internal Revenue Service	▶Informatio		h to Form 99	0.			.irs.aov/for	m990.			Open to Public Inspection							
Name of the organization	,				<u> </u>			<u></u> .	Emplo	yer ıden		n numbe						
GETTYSBURG COLLEGE									23-13	52641								
Part I Bond Issues																		
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued			(e) Issue	price		(f) Descripti	on of purpose	(g) De	(g) Defeased		(h) On behalf of issuer		Pool ncing					
									Yes	No	Yes	No	Yes	No				
A ADAMS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-2988777	006116BJ5 06-	-23-2010	71,	523,663	REFI	NANCING			X		X		X				
B ADAMS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-2988777	006116BQ9 07-	24-2013	18,	584,772	REFI	NANCING			Х		Х		Х				
Part II Proceeds	1	1																
					A		ı	3	C			D						
1 Amount of bonds retired						0 0												
2 Amount of bonds legally defeas3 Total proceeds of issue				71 522 662 10 504 722														
				71,523,663 18,584,722														
				0 0														
Proceeds in refunding escrowsIssuance costs from proceeds .					722.014													
8 Credit enhancement from proc					722,014 266,775													
9 Working capital expenditures fi				0 0														
10 Capital expenditures from proc				0 0														
11 Other spent proceeds					70,801,649 18,317,947			18,317,947										
12 Other unspent proceeds					70,001	0+5		0						-				
13 Year of substantial completion				2	010		20	13										
				Yes	No	,	Yes	No	Yes	No		Yes		No				
14 Were the bonds issued as part	of a current refunding	ıssue [?]		Х			Х											
15 Were the bonds issued as part	of an advance refundi	ing issue?		Х				Х										
16 Has the final allocation of proce	eeds been made? .			×			X											
Does the organization maintain proceeds?	allocation of	Х			Х							_						
Part III Private Business U				•	•			<u> </u>										
					Α			3	C				D					
1 Was the organization a partner financed by tax-exempt bonds			wned property	Yes	X		Yes	No X	Yes	No		Yes		No				
2 Are there any lease arrangeme property?	ents that may result in	private business use of bond	d-financed		Х			Х										
For Panerwork Reduction Act Not				Ca	t No 50)193F				S	chedul	e K (For	m 990) 2016				

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Page 2

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Schedule K (Form 990) 2016

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counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government 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

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet? Exception to rebate?

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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 the GIC satisfied?

requirements of section 148? . . .

applicable regulations?

Return Reference

Schedule K, Part IV, Line 2C - Rebate Computation

Were gross proceeds invested in a quaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

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

2010 ISSUANCE - JUNE 20, 2013 2013 ISSUANCE - JULY 24, 2014

Page 3

No

D

D

No

Yes

Yes

В

No

Χ

Χ

No

B

Yes

Yes

No

C

No

Yes

Yes

Yes

Χ

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

Explanation

No

Χ

Χ

Δ

No

Yes

Х

Schedule K (Form 990) 2016

(GIC)?

period?

Part V

Part VI

Performed

efi	ile GRAPHIC print - DO NO	T PROCESS As	Filed Data -									DLN: 9	34930	36500	4378
	hedule K orm 990)	Su	pplemental l	Information o	n Tax E	xemp	ot E	Bonds					No 154		
ζ.,	990)		e organization ans	wered "Yes" to Form	990, Part I	[V, line 2	24a. F		criptions,			2	01	.0	
Dens	artment of the Treasury			, and any additional ▶ Attach to Form 99		i in Part	VI.					Ope	en to P	ublic	
Inter	nal Revenue Service	▶Informatio	n about Schedule K	((Form 990) and its	instruction	s is at <u>w</u>	ww.i	rs.gov/for	<u>11990</u> .			It	nspecti	ion	
	e of the organization TYSBURG COLLEGE									1 '		tification	numbe	r	
_	- David France									23-13	52641				
12	Bond Issues	(L) T ETN	(-) CUCID #	(4) D-t	(-) T			(f) D		(-) D-	6	(1-3			DI
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue (price	(T) Description	on of purpose	(g) De	feased	(h) beha		(i) fınar	
												ıssu			
_	CETT/CRURC MUNICIPAL	25 6010760	374211006	03.15.2017	70.2	70 047 5		ICINIC CARI	- ^ 1	Yes	No	Yes	No	Yes	No
Α	GETTYSBURG MUNICIPAL 25-6010768 374311DR6 02-15-2017 AUTHORITY		02-15-2017	20,3			ICING CAPIT OVEMENTS	AL		X		×		X	
Pā	Proceeds				<u> </u>				. 1						
1	Amount of bonds retired				1	Α	0		3	С				D	
<u>-</u>	Amount of bonds legally defeat														
3	Total proceeds of issue					20 220									
4	Gross proceeds in reserve fund				20,330,847										
5	Capitalized interest from proce														
6	Proceeds in refunding escrows						-								
- 7	Issuance costs from proceeds				320,338										
<u></u>	Credit enhancement from proc					320,	0								
9	Working capital expenditures f						0								
10	Capital expenditures from proc					1,646,	751								
11	Other spent proceeds					1,010,	0								
12	Other unspent proceeds					18,363,	758						-	-	
13	Year of substantial completion														
	· · · · · · · · · · · · · · · · · · ·				Yes	No	\dashv	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part	of a current refunding	ıssue [?]			Х									
15	Were the bonds issued as part	of an advance refundi	ing issue?			×								-	
16	Has the final allocation of proc	eeds been made? .				X									
 17	Does the organization maintain				.,		\dashv							+	
	proceeds?				X										
Pa	rt IIII Private Business U	se													
						A N.	\dashv	Y		C			<u></u>	D	<u> </u>
1	Was the organization a partner financed by tax-exempt bonds				Yes	No X		Yes	No	Yes	No		Yes		No
2	Are there any lease arrangements property?	ents that may result in	private business use			Х									
For	Panerwork Reduction Act Not					t No 50.	193F				S	chedule	K (For	rm 990) 2016

Page 2

D

D

Schedule K (Form 990) 2016

Nο

Yes

C

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Yes

0 %

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Х

Yes

В

Nο

Χ

Α

No

Х

Х

Х

Yes

Χ

unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet? Exception to rebate?

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

the GIC satisfied?

requirements of section 148? . . .

applicable regulations?

Return Reference

Schedule K, Part IV, Line 2C - Rebate Computation

Were gross proceeds invested in a quaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

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

2017 Issuance - May 31, 2017

Page 3

No

D

D

No

Yes

Yes

В

No

B

No

Yes

Yes

No

C

No

Yes

Yes

Yes

Χ

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

Explanation

No

Χ

Х

Δ

No

Yes

Х

Schedule K (Form 990) 2016

(GIC)?

period?

Part V

Part VI

Performed

efile GRAPHI	C print - DO N	OT PROCESS	S As Fi	led Data -					DL	N: 93	349306	5004378
Schedule L (Form 990 or 990			► Compl m 990, Pa or Form	OS With Ir ete if the orga art IV, lines 25 990-EZ, Part th to Form 990	inization ans 5a, 25b, 26, 2 V, line 38a o	swered 27, 28a, 28b, or 40b.		ic,		0	20	16
Department of the Tre Internal Revenue Serv	easurv	formation abo		ile L (Form 990 www.irs.gov	0 or 990-EZ		uctio	ns is	at		Open to Inspe	Public ection
Name of the org	ganization						Er	nplo	yer ide	entifica	ation nu	
GETTYSBURG COL	LEGE						23	3-135	2641			
	ess Benefit Tra plete if the organiz									ne 40h		
	a) Name of disqual			Relationship be	tween disqua		$\overline{}$	(c) [escript	tion of		Corrected?
				o	rganization			tr	ansactı	on	Yes	S No
Part II Lo Col rep (a) Name of Interested	ans to and/or mplete if the organ ported an amount of (b) Relationship with organization	From Interentation answer on Form 990, P	ested Per red "Yes" or lart X, line ! (d) Loan	sons. n Form 990-EZ,	Part V, line 3 (e)Original principal		(g)	In	(h Approv	h) ved by	(i)	nization Written eement?
person				T -	amount				comm	rd or httee?		
(1) Stephen K Cloetingh	Board of Trustee	GB Great Productions	X X	From	190,000	168,375	Yes	No	Yes Yes	No	Yes Yes	No
(2) Robert N Duelks	Board of Trustee	GB Great Productions	X		50,000	40,151		No	Yes		Yes	
(3) Robert Garthwait Jr	Board of Trustee	GB Great Productions	×		50,000	40,151		No	Yes		Yes	
(4) John F Jaeger	Former Board of Trustee	GB Great Productions	X		100,000	80,289		No	Yes		Yes	
T-1-1						220.066						
Total Part III Gra	ants or Assista	nce Benefiti	na Inter		· \$ 15.	328,966	1					
	mplete of the org		between n and the		90, Part IV,	(d) Type (of assi	stanc	ce	(e) Pu	rpose of	assistance
									+			
For Danerwork Do	duction Act Notice,	see the Instruc	tions for Ea	rm 990 or 990-5	7	at No 50056A		6-1	hadul- '	l (Ec	. 000 1	190-F7) 201

(a) Name of Interested person	between interested person and the organization	transaction	(d) Description of transaction	organiz rever	of zation's
				Yes	No
(1) PETER NORTH	SPOUSE/OFFICER	182,368	EMPLOYEE COMPENSATION		No
(2) ABIGAIL KALLIN	DAUGHTER/OFFICER	59,454	EMPLOYEE COMPENSATION		No
(3) LAUREL ANN COHEN	SPOUSE/BOT	110,840	EMPLOYEE COMPENSATION		No

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

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

Return Reference

Explanation

LOANS TO AND/OR FROM INTERESTED GGP PROMISSORY NOTE GETTYSBURG GREAT PRODUCTIONS (GGP), A DISREGARDED ENTITY OF PERSONS

GETTYSBURG COLLEGE, RECEIVED LOAN PROCEEDS FROM CERTAIN INTERESTED PARTIES TO PARTIALLY FIND A SEATURE LENGTH FUM THAT FURTHER PAISES THE NATIONAL MISTRILITY OF GETTYSBURG.

ANS TO AND/OR FROM INTERESTED GGP PROMISSORY NOTE GETTYSBURG GREAT PRODUCTIONS (GGP), A DISREGARDED ENTITY OF
RSONS
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) 2016

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -			DLN:	9349306	5004	378
	IEDULE M			loncash Contri	hutions			OMB No 1	.545-0	047
(For	m 990)	-	organizati	ons answered "Yes" on Fo		or 30		20	16)
		► Attach to Form		ile M (Form 990) and its i	nstructions is at www.irc	aou/f	- mm 000			
Intern	tment of the Treasury		out Scheau	ne M (Form 990) and its i				Open to Inspe	ection	
	e of the organizat YSBURG COLLEGE	ion				Employ	yer ident	ification n	umbei	
						23-135	2641			
Pa	rt I Types	of Property	1			1				
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n		(d) I of determi entribution a		S
1	Art—Works of art	t	Х	4		FMV/A	PPRAISA			
2	Art—Historical tre	easures .								
3	Art—Fractional in									
4	Books and public		X		148	FMV				
5	Clothing and hou goods									
6	Cars and other v									
7	Boats and planes									
8	Intellectual prope	erty								
9	Securities—Public	cly traded .	Х	78	1,143,037	FMV				
	Securities—Close Securities—Partr	nership, LLC,								
	or trust interest									
13	Securities—Misce Qualified conserv contribution—Hi structures	ation storic								
14	Qualified conserve contribution—Of									
15	Real estate—Res									
	Real estate—Con									
17	Real estate—Oth	er								
18	Collectibles .									
19	Food inventory									
20	Drugs and medic	al supplies .								
21	Taxidermy									
	Historical artifact									
23	Scientific specim									
24	Archeological art Other ► (iracts	x	,	25	FMV				
	NT EXPENSES)		^		33	FINIA				
	Other ► (PLIES)		Х	2	2	FMV				
27	Other ▶ (•			-					
28	Other ► (•				L.,				
29				ation during the tax year for 3, Part IV, Donee Acknowled		29				4
									Yes	No
30a		-		y contribution any property r	•	-				
	ıt must hold for	at least three years	from the da	ate of the initial contribution	, and which is not required t	o be us	sed			
	for exempt purp	oses for the entire h	olding peri	od ⁷				30a		No
b	If "Yes," describ	e the arrangement i	n Part II							
31	_	_		olicy that requires the reviev	,		5?	31	Yes	
	contributions?			or related organizations to so	olicit, process, or sell nonca	sh •		32a		No
	If "Yes," describ									
33	-		amount in	column (c) for a type of pro	perty for which column (a) i	s check	æd,			
	describe in Part									
For D	aperwork Deduction	on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271		Schoo	lule M (Form	9901	20161

Schedule M (Form 990) (2016)	Page 2									
Part II Supplemental Information.										
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.									
Return Reference	Explanation									
	Schedule M (Form 990) (2016)									

efile GRAPH	IC print	- DO NOT PROCESS	As Filed Data -		DLI	N: 93493065004378					
SCHEDUL (Form 990 or EZ)	reasury	Complete to pro Form 990 o	ovide information fo or 990-EZ or to prov ▶ Attach to Forr	90 or 990-EZ) and its instructions is at Open to Public							
Mame of the org GETTYSBURG COLI	LEGE	plemental Informatio	on		23-1352641	ntification number					
Return Reference											
FORM 990, PART VI, SECTION A, LINE 11A	990, THE FORM 990 IS PREPARED BY GETTYSBURG COLLEGE AND IS REVIEWED BY COLLEGE MANAGEMENT AND A VI, N INDEPENDENT TAX FIRM FOR COMPLETENESS AND ACCURACY PRIOR TO FILING, FORM 990 IS MADE AV ON A, AILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES VIA THE BOARD PORTAL IN ADDITION, MANAGEM										

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE MONITORS AND ENFORCES ITS CONFLICT OF INTERST POLICY THROUGH THE USE OF AN ANN UAL SIGNED STATEMENT FROM TRUSTEES, ADMINISTRATIVE OFFICERS, DEPARTMENT DIRECTORS AND CHAI RPERSONS BY SIGNING THE CONFLICT OF INTEREST DISCLOSURE STATEMENT, AN INDIVIDUAL CERTIFIE S THAT THEY HAVE REVIEWED THE COLLEGE'S CONFLICT OF INTEREST POLICY, ACKNOWLEDGED RESPONSI BILITY TO PLACE THE INTEREST OF THE COLLEGE ABOVE PERSONAL INTEREST IN EXECUTING DUTIES, A ND DISCLOSED ANY POSSIBLE PERSONAL, FAMILIAL, AND/OR BUSINESS RELATIONSHIPS THAT REASONABL Y COULD GIVE RISE TO A CONFLICT OF INTEREST INVOLVING GETTYSBURG COLLEGE COMPLETION OF THE FORM IS ALSO ACKNOWLEDGEMENT THAT INDIVIDUALS HAVE A RESPONSIBILITY UNDER THE POLICY TO ADVISE THE BOARD OF ANY SIGNIFICANT CHANGES TRUSTEES, ADMINISTRATIVE OFFICERS, OR DIRECTO RS WHO HAVE A CONFLICT OF INTEREST IN A PROPOSED TRANSACTION ARE REQUIRED TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE TRANSACTION ADDITIONAL RESTRICTIONS ON TRANSACTIONS BETWEEN THE COLLEGE AND (I) A TRUSTEE, (II) A FAMILY MEMBER OF A TRUSTEE, (III) MEMBER OF THE PRESIDENT'S COUNCIL, (IV) A FAMILY MEMBER OF A MEMBER OF THE PRESIDENT'S COUNCIL, (OR (V) ANY ORGANIZATION WITH WHOM ANY OF THE FOREGOING PERSONS HAVE A BUSINESS RELATIONSHIP (COLLECTIVELY A "DISQUALIFIED PARTY") EXIST AS A GENERAL POLICY, THE COLLEGE SHALL NOT TRANSACT BUSINESS WITH A DISQUALIFIED PARTY", AND NO DISQUALIFIED PARTY SHALL SOLICIT BUSINESS FROM THE COLLEGE IF IT WOULD CREATE A POTENTIAL CONFLICT OF INTEREST CERTAIN EXCEPTIONS APPLY AS SPECIFIED IN THE POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15 A AND B	THE EXECUTIVE COMPENSATION COMMITEE OF THE BOARD OF TRUSTEES (THE ECC) IS CHARGED WITH THE RESPONSIBILITY TO REGULARLY REVIEW AND RECOMMEND TO THE BOARD OF TRUSTEES FOR APPROVAL AD JUSTMENTS TO THE COMPENSATION OF THE PRESIDENT THE ECC IS FURTHER CHARGED WITH THE RESPON SIBILITY TO BE FULLY INFORMED ABOUT AND RATIFY THE COMPENSATION STATUS FOR EACH OF THE OTH ER OFFICERS, BASED ON THE RECOMMENDATIONS OF THE PRESIDENT TO ASSIST IN THE ASSESSMENT OF REASONABLENESS FOR COMPENSATION ADJUSTMENTS FOR THE PRESIDENT AND OTHER OFFICERS, THE ECC PERIODICALLY RETAINS AN INDEPENDENT COMPENSATION CONSULTANT TO COMPILE A COMPENSATION STU DY WHICH RELIES ON MARKET DATA RELEVANT IN SCOPE AND SCALE TO OPERATING RESPONSIBILITIES W ITHIN THE COLLEGE THE COMPENSATION STUDY, PERFORMANCE REVIEWS AND COMPENSATION PLANS ARE REVIEWED AND ENDORSED DURING AN ECC MEETING A SUMMARY OF RECOMMENDATIONS FOR THE PRESIDEN T'S COMPENSATION IS SHARED WITH THE FULL BOARD OF TRUSTEES COMPENSATION DECISIONS ARE REF LECTED IN SALARY LETTERS AND AMENDMENTS TO THE PRESIDENT'S EMPLOYMENT AGREEMENT AS NECESSA RY

Explanation Return Reference

FORM 990. GETTYSBURG COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCI AL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST LINE 19

PART VI. SECTION C.

Return Explanation

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT S \$(368,216) POST RETIREMENT RELATED CHANGES (366,823) CHANGE IN SURRENDER VALUE OF LIFE INSURANCE 42,616 CHANGE IN NET ASSETS OF RELATED ENTITIES 440,255 DISREGARDED ENTITY (594,195) TOTAL PART XI, LINE 9 \$(846,363)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE R

(Form 990)

Department of the Treasury

Name of the organization GETTYSBURG COLLEGE

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.

Employer identification number

DLN: 93493065004378 OMB No 1545-0047

> Open to Public Inspection

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

23-1352641 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) GETTYSBURG HOTEL MANAGEMENT LLC REAL ESTATE PA 2,572,602 GETTYSBURG C 594,195 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 41-2224678 (2) GETTYSBURG GREAT PRODUCTIONS LLC FILM PRDN PA 7,868 411,780 GETTYSBURG C 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 90-0845620 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No (1) EMPLOYER-CONTRIBUTION VEBA TRUST VEBA TRUST PA 501(C)9 N/A GETTYSBURG C No 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 04-3838440 (2) EMPLOYEE-CONTRIBUTION VEBA TRUST VEBA TRUST PA 501(C)9 N/A GETTYSBURG C No 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 04-3838463 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2016

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	total income	(g) Share of end- of-year assets	allocations?		(1) Code V-UB! amount in box 20 of Schedule K- (Form 1065	Gene man par	eral or laging tner?	(k) Percen owner	ntage
(1) GETTYSBURG HOTEL INVESTORS LP		REAL ESTATE	PA	SEE PART VII	EXCL UNDER	594,195	4,685,962	Yes	No No		Yes	No No		
ONE LINCOLN SQUARE GETTYSBURG, PA 17325 23-2571553					512(B)13	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Part IV Identification of Related O because it had one or more re	lated organizations treated		ation or		the tax yea	r.		s" on		990, Part 1		e 34		_
		as a corpora		trust during			(f) Share of total income		(g) re of end year assets	l-of- Pe	V, lin (h) centag	je	Section (b)(1 contro entit	n 512 13) olled ty?
because it had one or more re (a) Name, address, and EIN of related organization	elated organizations treated (b)	as a corpora	(c) Legal domicile ate or forei	trust during Di	(d) rect controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	Shai	(g) re of end year	l-of- Pe	(h) centag	je p	Section (b)(1 contro	n 512 13) olled
because it had one or more re (a) Name, address, and EIN of	elated organizations treated (b) Primary activity	as a corpora	(c) Legal domicile ite or forei country)	trust during Di	g the tax yea (d) rect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Shai	(g) re of end year assets	l-of- Pe	(h) centag nershi	je p	Section (b)(1 contro entit	n 512 13) olled ty?
(a) Name, address, and EIN of related organization (1)BULLET LAND INC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 23-2530522 (2)MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA 17325	elated organizations treated (b) Primary activity	as a corpora	(c) Legal domicile ite or forei country)	gn GE	g the tax yea (d) rect controlling entity	r. (e) Type of entity (C corp, S corp, or trust) C CORP	(f) Share of total income	Shai	(g) re of end year assets	Pe ov	(h) centag nershi	p .	Section (b)(1 contro entit	n 512 13) olled ty?
(a) Name, address, and EIN of related organization (1)BULLET LAND INC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 23-2530522 (2)MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA 17325 75-3195760 (3)GETTYSBURG HOTEL INC ONE LINCOLN SQUARE GETTYSBURG, PA 17325	Plated organizations treated (b) Primary activity REAL ESTATE	as a corpora	(c) Legal domicile ite or forei country)	gn GE	g the tax yea (d) rect controlling entity ITYSBURG COL	r. (e) Type of entity (C corp, S corp, or trust) C CORP	(f) Share of total income	Shai	(g) re of end year assets 281,4	Pe ov	(h) rcentag nershij	p .	Section (b)(1 control entity Yes	n 512 13) olled ty?
(a) Name, address, and EIN of related organization (1)BULLET LAND INC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 23-2530522 (2)MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA 17325 75-3195760 (3)GETTYSBURG HOTEL INC ONE LINCOLN SQUARE	REAL ESTATE CONCESSIONS	as a corpora	(c) Legal domicile ite or forei country) PA PA	gn GE	g the tax yea (d) rect controlling entity TTYSBURG COL TTYSBURG COL LLET LAND INC	r. (e) Type of entity (C corp, S corp, or trust) C CORP	(f) Share of total income	Shai	(g) re of end year assets 281,4	Pe ov	(h) rcentag nershij	p .	Section (b)(1 control entity Yes	n 512 13) olled ty?
(a) Name, address, and EIN of related organization (1)BULLET LAND INC 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 23-2530522 (2)MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA 17325 75-3195760 (3)GETTYSBURG HOTEL INC ONE LINCOLN SQUARE GETTYSBURG, PA 17325 23-2678413	REAL ESTATE CONCESSIONS HOTEL SERVICE	as a corpora	etion or (c) Legal domicile ite or forei country) PA PA PA	gn GE	g the tax yea (d) rect controlling entity TTYSBURG COL TTYSBURG COL LLET LAND INC	r. (e) Type of entity (C corp, S corp, or trust) C CORP	(f) Share of total income	Shai	(g) re of end year assets 281,4	Pe ov	(h) rcentag nershij	p .	Section (b)(1 control entity Yes	n 512 13) olled ty?

(1)GETTYSBURG HOTEL INVESTORS LP

(2)GETTYSBURG HOTEL INVESTORS LP

(4)BULLET LAND INC

(3)EMPLOYER-CONTRIBUTION VEBA TRUST

Exchange of assets with related organization(s) . . .

Lease of facilities, equipment, or other assets to related organization(s) .

Reimbursement paid to related organization(s) for expenses . . . Reimbursement paid by related organization(s) for expenses . . .

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	. 1	a Yes	
b Gift, grant, or capital contribution to related organization(s)	. 1	b	No
c Gift, grant, or capital contribution from related organization(s)	1	.с	No
d Loans or loan guarantees to or for related organization(s)	. 1	d Yes	
e Loans or loan guarantees by related organization(s)	1	.e	No
f Dividends from related organization(s)	ı	Lf	No
g Sale of assets to related organization(s)	1	g	No
b. Durchage of accets from valeted evaporation(a)	1	h	No

(b)

Transaction

type (a-s)

D

R

(c)

Amount involved

432,571

7,897,792

351,530

215.000

FMV

FMV

FMV

Page 3

No

No

No

No

No

No

No

1q Yes

1j

1k

1 Yes

1m

1n

1r Yes

1s Yes

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No	! ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

