Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493088004019 OMB No 1545-0047

nternal	Reve	nue Service	▶ Information abo	out Form 990 and its instructions is at <u>ww</u>	VW 1K3 YOV/	101111990		Inspection
Fo	r th	e 2017 c <u>a</u>	ılendar year, or tax year begi	inning 06-01-2017 , and ending 05-	31-2018			
		pplicable	C Name of organization GETTYSBURG COLLEGE			D Employe	er identifi	ication number
∟ Add □ Nar		change ange	% FINANCE & ADMINISTRATION			23-1352	2641	
□ Init		-	Doing business as					
		n/terminated	Number and street (or D.O. hov if	mail is not delivered to street address) Room/s	ruito	E Telephon	e number	
		d return on pending	300 NORTH WASHINGTON STREET		suite	(717) 33	37-6200	
		· ·		untry, and ZIP or foreign postal code		(121)		
			GETTYSBURG, PA 17325			G Gross red	ceipts \$ 26	52,011,429
		Γ	F Name and address of princip DANIEL T KONSTALID	pal officer	H(a) Is	this a group ret	turn for	
			300 NORTH WASHINGTON STR	REET		ubordinates?		□Yes 🗹 No
			GETTYSBURG, PA 17325		⊣ ^{н(ь)} А	re all subordinat icluded?	es	☐ Yes ☐No
lax	-exen	npt status	☑ 501(c)(3) □ 501(c)() ◄	((Insert no)		"No," attach a l	•	•
We	ebsit	e:► WW	W GETTYSBURG EDU		H(c) G	roup exemption	number	>
· -			✓ Corporation ☐ Trust ☐ As:	. 🗆	L Year of t	formation 1832	M State	of legal domicile PA
Form	n of or	rganization	Corporation L. Trust L. As:	sociation				g
Pai		Sumn						
			cribe the organization's mission DULE O - ATTACHMENT 1	or most significant activities				
ן צ	-	SEE SCHEL	JOLE O - ATTACHMENT I					
<u> </u>	-							
	_	6 1 1 11			11	250/ 51		
}				iscontinued its operations or disposed of ing body (Part VI, line 1a)			ssets 3	J 38
5			-	of the governing body (Part VI, line 1b)			4	33
			•	calendar year 2017 (Part V, line 2a)			5	2,694
ארנואוו	6	Total num	ber of volunteers (estimate if n	ecessary)			6	890
{				rt VIII, column (C), line 12			7a	310,842
	b	Net unrela	ated business taxable income fro	om Form 990-T, line 34			7b	-732,384
						Prior Year	<u> </u>	Current Year
								Current rear
<u>a</u>	8	Contributi	ons and grants (Part VIII, line 1	h)		21,588,3	345	17,790,915
ėnue			•	h)				
Rəvenue	9 10	Program s Investmer	service revenue (Part VIII, line 2 nt income (Part VIII, column (A)	2g)		21,588,3	919	17,790,915 169,764,006 20,855,291
Ravenue	9 10 11	Program s Investmer Other reve	service revenue (Part VIII, line 2 nt income (Part VIII, column (A) enue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)		21,588,3 161,922,9 10,499,4 2,826,8	919 185 383	17,790,915 169,764,006 20,855,291 2,523,073
Ravenue	9 10 11 12	Program s Investmer Other reve Total reve	service revenue (Part VIII, line 2 nt income (Part VIII, column (A) enue (Part VIII, column (A), line enue—add lines 8 through 11 (m	es 5, 6d, 8c, 9c, 10c, and 11e) sust equal Part VIII, column (A), line 12)		21,588,3 161,922,9 10,499,4 2,826,8 196,837,6	919 485 383 532	17,790,915 169,764,006 20,855,291 2,523,073 210,933,285
Ravenue	9 10 11 12 13	Program s Investmer Other reve Total reve Grants and	service revenue (Part VIII, line 2 nt income (Part VIII, column (A) enue (Part VIII, column (A), line enue—add lines 8 through 11 (m d similar amounts paid (Part IX)	es 5, 6d, 8c, 9c, 10c, and 11e) sust equal Part VIII, column (A), line 12) column (A), lines 1–3)		21,588,3 161,922,9 10,499,4 2,826,8	919 485 383 532	17,790,915 169,764,006 20,855,291 2,523,073
	9 10 11 12 13 14	Program s Investmer Other reve Total reve Grants and Benefits p	service revenue (Part VIII, line 2 nt income (Part VIII, column (A), enue (Part VIII, column (A), line enue—add lines 8 through 11 (m d similar amounts paid (Part IX, and to or for members (Part IX,	2g)		21,588,3 161,922,9 10,499,4 2,826,8 196,837,6 54,637,1	919 485 383 532 132 0	17,790,915 169,764,006 20,855,291 2,523,073 210,933,285 61,307,138
	9 10 11 12 13 14 15	Program s Investmer Other reve Total reve Grants and Benefits p Salaries, c	service revenue (Part VIII, line 2 nt income (Part VIII, column (A), line enue (Part VIII, column (A), line enue—add lines 8 through 11 (m d similar amounts paid (Part IX, baid to or for members (Part IX, other compensation, employee b	Pg)		21,588,3 161,922,9 10,499,4 2,826,8 196,837,6	919 485 383 532 132 0	17,790,915 169,764,006 20,855,291 2,523,073 210,933,285
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MCLEAN, VA 22102

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

Use Only

☑ Yes ☐ No

Phone no (707) 286-8399

SCIENCES WITH A STUDENT BODY OF APPROXIMATELY 2,600, THE COLLEGE IS LOCATED GETTYSBURG NATIONAL MILITARY PARK IN PENNSYLVANIA GETTYSBURG COLLEGE PREP, AROUND THE GLOBE TO PURSUE LIVES OF PERSONAL AND PROFESSIONAL FULFILLMENT.	DERGRADUATE COLLEGE OF THOM A 200-ACRE CAMPUS ADJANCES STUDENTS FROM ACROSS AND TO ENGAGE THE COMPLEX The were not listed on the control of	HE LIBERAL ARTS AND ICENT TO THE STHE NATION AND QUESTIONS OF OUR TIME
### Briefly describe the organization's mission GETTYSBURG COLLEGE IS A HIGHLY SELECTIVE NATIONAL, FOUR-YEAR RESIDENTIAL, UN SCIENCES WITH A STUDENT BODY OF APPROXIMATELY 2,600, THE COLLEGE IS LOCATED GETTYSBURG NATIONAL MILITARY PARK IN PENNSYLVANIA GETTYSBURG COLLEGE PREPAROUND THE GLOBE TO PURSUE LIVES OF PERSONAL AND PROFESSIONAL FULFILLMENT. THROUGH EFFECTIVE LEADERSHIP AND SOCIALLY RESPONSIBLE CITIZENSHIP 2 Did the organization undertake any significant program services during the year while the prior Form 990 or 990-EZ?	DERGRADUATE COLLEGE OF THOM A 200-ACRE CAMPUS ADJANCES STUDENTS FROM ACROSS AND TO ENGAGE THE COMPLEX The were not listed on the control of	HE LIBERAL ARTS AND ICENT TO THE IS THE NATION AND IQUESTIONS OF OUR TIME TYES NO
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the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conduct services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three la Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 166,092,263 including grants of \$ See Additional Data	ON A 200-ACRE CAMPUS ADJA RES STUDENTS FROM ACROSS AND TO ENGAGE THE COMPLEX h were not listed on	CENT TO THE THE NATION AND QUESTIONS OF OUR TIME Yes No
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services?	s, any program · · · · · · · · · ·	
If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three la Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 166,092,263 including grants of \$ See Additional Data		
Describe the organization's program service accomplishments for each of its three la Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 166,092,263 including grants of \$ See Additional Data		☐ Yes 🗹 No
See Additional Data		
	61,307,138) (Revenue \$	172,211,814)
4b (Code) (Expenses \$ including grants of \$		
) (Revenue \$)
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$)
4e Total program service expenses ► 166,092,263) (Revenue \$	

or X as applicable

Checklist of Required Schedules

Page 3

No

Nο

Nο

Nο

No

Nο

No

Nο

Nο

Nο

Νo

Nο

Form **990** (2017)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

to provide advice on the distribution or investment of amounts in such funds or accounts?

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?

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 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 🛸

Yes

5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7 8

Yes

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

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18

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rorm	990 (2017)		Page 4
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?		
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		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	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? If "Yes," complete Schedule J	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		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 "		

Dage 4

Nο

Nο

No

Νo

No

No

Nο

Νo

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

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?

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

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

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

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

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 🛸

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 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)?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page
Par	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 3,318			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
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	2b	Yes	
D	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)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			140
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	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		
۵2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12	-		
		1		
1	Section 501(c)(12) organizations. Enter			
	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			
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		
	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			
b				I
	Enter the amount of reserves on hand			
С		14a		No

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
_			\vdash	Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year label 1a 38			
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 33			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4		he organization make any significant changes to its governing documents since the prior Form 990 was filed?			N -
_	D. J +I		5		No
5		he organization become aware during the year of a significant diversion of the organization's assets?	6		No
6 7-		he organization have members or stockholders? he organization have members, stockholders, or other persons who had the power to elect or appoint one or more	\vdash		No
/a		bers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b		No
8	Did th	he organization contemporaneously document the meetings held or written actions undertaken during the year by			
а		poverning body?	8a	Yes	
	-	committee with authority to act on behalf of the governing body?	8b	Yes	
		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organ	nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
	5 1.1			Yes	No
	If "Ye	he organization have local chapters, branches, or affiliates?	10a		No
		pranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has t form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	he organization have a written whistleblower policy?	13	Yes	
14	Dıd th	he organization have a written document retention and destruction policy?	14	Yes	
15	perso	he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b		r officers or key employees of the organization	15b	Yes	
		es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	ın joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17		he 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 ,
18	Section availa	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
		Own website $\ \square$ Another's website $\ ot \ \square$ Upon request $\ \square$ Other (explain in Schedule O)			
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, and financial statements available to the public during the tax year			
20	State	r, and financial statements available to the public during the tax year the name, address, and telephone number of the person who possesses the organization's books and records ANCE ADMINISTRATION 300 NORTH WASHINGTON ST GETTYSBURG, PA 17325 (717) 337-6200			

compensated employees, and former such persons

Part VII

 $\overline{\mathbf{V}}$

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

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

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

- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

(A) (C) (F) (B) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one how unless nerson amount of other

	hours per week (list any hours for related	1		n of or/t	ficer rust	and a		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	compensation from the				
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer Institutional Trustee	key employee	Highest compensated employee	Former	2/1033-MI3C)	(W- 2/1099- MISC)	organization and related organizations				
See Additional Data Table														
										Form 990 (2017)				

MCNEES WALLACE NURICK,

1111 14TH STREET NW SUITE 200 WASHINGTON, DC 20005 KACHIN INTERNATIONAL LLC,

1 S CHURCH STREET HAZLETON, PA 18201 818 CONNECTICUT LLC,

100 WEST ELM STREET PALMYRA, PA 17078 JIM BARBARA ENTWISTLE,

1260 TABLE ROCK ROAD GETTYSBURG, PA 17325

20 NORTH 3RD ST SUITE 1000 HARRISBURG, PA 17101

compensation from the organization ▶ 9

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

344,288

183,156

153,610

151,622

138,730

Form 990 (2017)

		any hours		direct			randa :ee)	1	organız	m the ation (W-	organizations (w-	from	the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	.)	organizati relati organiza	ed
See	Addıtıonal Data Table													
				$oxed{oxed}$	L									
				ـــــــ	igspace									
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				\vdash	\vdash			\vdash						
	Sub-Total			- -			<u> </u>	<u> </u>				廿		
	Total from continuation sheets to P Total (add lines 1b and 1c)	art VII, Sectio		٠.	٠.	•	>		3,	178,388		0		668,239
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived mo	re than \$1	00,000	•		
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2			ee, k	ey e •	mplo •	oyee,	or hi	ghest cor	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the			
5	Did any person listed on line 1a recerservices rendered to the organization								_		vidual for	5	Yes	No
Se	ection B. Independent Contract	ors					•							
1	Complete this table for your five high from the organization Report compe											mpen	sation	
		(A) and business addre									(B) ription of services		(C Compen	
	TEC WALLACE MUDICIA							LEGAL COUNCE:						244.200

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

Position (do not check more

than one box, unless person

is both an officer and a

Reportable

compensation

from the

LEGAL COUNSEL

DINING VENDOR

LANDLORD

LANDLORD

AUDITOR

Reportable

compensation

from related

Part		(2017) Statement of	Revenue										Page 9
				a respo	onse or note to any	line in thi	s Part VIII						. 🗸
						(A Total re	•	Rela exe fun	B) ted or empt ction	Un bu	(C) related isiness venue	exclu tax un	(D) evenue uded from der sections
	12	a Federated campaig	ns	1a	1			rev	enue			5	12-514
nts ints		b Membership dues		1b	43,031								
3ra nou	١,	c Fundraising events		1c	95,672								
S. (d Related organizatio		1d	<u> </u>								
럘		e Government grants (co		1e	2,035,001								
ns,		f All other contributions,											
er S		and similar amounts n above	ot included	1f	15,617,211								
Contributions, Gifts, Grants and Other Similar Amounts	,	g Noncash contribution		1 20	90,823								
on a	h	in lines 1a-1f \$ 1-1al Total											
					Business		90,915					$\overline{}$	
JE .	2 a	TUITION AND FEES				900099	134,8	24,680	134,824	,680			
ا <u>چ</u>	_	AUXILIARY SERVICES				900099	33,4	93,504	33,493	,504			
3	c	CONFERENCES AND COL	NVENTIONS			611710	8	47,689			847,6	89	
ž	d	THEATER				711110	5	98,133	250	,001	348,:	L32	
E S	е			_									
Program Service Revenue	f	All other program se	rvice revenue		169 7	64,006				I			
\$	g	Total.Add lines 2a-2f	·	•	▶	•							
		Investment income (ii similar amounts) .			interest, and other	ļ	5,808,996	,			-884,979		6,693,975
		Income from investme			ond proceeds		C)					
	5	Royalties			>		С)					
	_	_	(ı) Rea	l	(II) Personal								
	6a	Gross rents		75,265									
	b	Less rental expenses				1							
		Rental income or		75,265	0	1							
		(loss)				ļ	75.045						
	C	Net rental income o			· · · •		75,265	1					75,265
	7a	Gross amount	(ı) Securit	ies	(II) Other								
		from sales of assets other	64,7	22,784	3,500								
		than inventory											
	b	Less cost or other basis and	49,3	97,397	282,592								
		sales expenses Gain or (loss)	15,3	25,387	-279,092								
		Net gain or (loss) .			•	ጎ	15,046,295	;					15,046,295
	8a	Gross income from f	_										
Other Revenue		(not including \$ contributions reporte	95,672 ed on line 1c)	of									
₹ 		See Part IV, line 18		а	57,116								
å		Less direct expense		b	57,116]							
her		: Net income or (loss) I Gross income from g		_	ents 🕨	1							
ŏ	<i>-</i>	See Part IV, line 19		C3									
				а	0								
		Less direct expense Net income or (loss)		b	0		C						
		Gross sales of invent		activit	ies >	1							
		returns and allowand											
	ŀ	Less cost of goods s	old	a b		-							
		Net income or (loss)]	236,850	,	236,850				
		Miscellaneous		III CIII	Business Code								
	11	aWORKSHOP FEES			900099		156,220		156,220				
	b	ADMINISTRATIVE FE	ES		900099		153,098	3	153,098				
					000000		110.000		112.000				
	C	STUDENT LOAN INT	EREST		900099		112,099		112,099				
	_	All other revenue .					1,789,541		1,789,541				
		All other revenue . Total. Add lines 11a	 -11d		•				1,709,341				
		2 Total revenue. See					2,210,958	\$ <u> </u>					
					•	2	210,933,285		171,015,993		310,842	Form	21,815,535 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses	.l All athan annu		data asluman (A)	
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	_	·	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<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	57,705,604	57,705,604		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	3,601,534	3,601,534		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,709,534	1,482,009	811,090	416,435
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	313,650	313,650		
7 Other salaries and wages	53,353,208	44,528,710	6,173,897	2,650,601
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,775,715	4,781,751	696,442	297,522
9 Other employee benefits	11,712,236	9,552,809	1,530,299	629,128
10 Payroll taxes	3,865,561	3,124,323	532,268	208,970
11 Fees for services (non-employees)				
a Management	0			
b Legal	404,601		404,601	
c Accounting	129,046	8,783	120,263	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	493,274		493,274	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,768,851	2,027,014	567,676	174,161
12 Advertising and promotion	467,681	279,998	187,683	0
13 Office expenses	8,729,339	7,338,066	1,039,644	351,629

1,908,223

4,273,197

3,575,945

631,095

2,604,495

9,844,608

6,299,894

4,071,571

561,076

232,571

644,181

187,387,215

710,525

0

763,920

3,590,150

3,129,554

448,960

2,604,495

8,928,936

6,299,894

3,827,437

294,746

232,571

550,100

166,092,263

677,249

1,116,642

605,161

302,628

114,697

857,343

30,790

0

197,127

258,260

77,031

16,116,816

27,661

77,886

143,763

67,438

58,329

2,486

n

47,007

8,070

17,050

5,178,136

Form 990 (2017)

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 .

Page **11**

4,016,463

0

341,867

3,128,352

179,498,923

174.450.644

82,008,515

4.913.533

48.818.205

590.113.746

16,993,853

1,838,479

83,493,716

248.676

328.880

7,618,210

26.607.493

137,129,307

210.948.903

64,354,840

177.680.696

452,984,439

590.113.746

Form **990** (2017)

0

0

Check if Schedule O contains a response or note to any line in this Part IX .

Cash-non-interest-bearing .

81.380.314 83,774,823 2 Savings and temporary cash investments 2 7,130,657 3 8,299,786 3 Pledges and grants receivable, net . . . 912,610 4 862,635 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 0 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

(A)

Beginning of year

2,632,401

0 6

0

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10c

11

12

13

15

16

17

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

495.473

3.568.320

165,804,660

163.666.765

78.900.398

5.242,740

56,920,368

566,654,706

16,128,153

1,701,479

328.965

7.856.355

248 591

27.189.214

140,469,610

198.799.080

57.536.665

169.849.351

426,185,096

566.654.706

87,016,853

0 14

0 18

1

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . Inventories for sale or use . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

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

Unrestricted net assets

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

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.

Total liabilities and net assets/fund balances . .

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Less accumulated depreciation

- - 10a 10b
- 365,617,734 186.118.811 Investments—other securities See Part IV, line 11 . . .

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

•	Total expenses (must equal rait 1x, column (x), line 23)	_	
3	Revenue less expenses Subtract line 2 from line 1	3	
ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

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

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Form 990 (2017)

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Donated services and use of facilities . . .

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Financial Statements and Reporting

Investment expenses . Prior period adjustments .

23,310,070	_	•	•	•	-	•	•	
426,185,096	4					(A))	ımn	colu
3,825,739	5							
	6							

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Page **12**

-572,466

No

Nο

452,984,439

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

Additional Data

Software Version: EIN: 23-1352641

Name: GETTYSBURG COLLEGE

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

UNDERGRADUATE EDUCATION OF STUDENTS

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

	formulated				(W 2/1000 /W 2/1000		mom the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES L BANKS JR TRUSTEE	0 0	×						0	0	0
JOSEPH A BIERNAT TRUSTEE	0 0	×						0	0	0
DAVID R BRENNAN TRUSTEE	0 0	×						0	0	0
LAUREN WISE BRIGHT TRUSTEE	0 0	×						0	0	0

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TRUSTEE JENNIFER FISHER BRYANT TRUSTEE

DONALD BURDEN

JAMES L CHEMEL

LORI KONO CLAPP

STEPHEN K CLOETINGH

A BRUCE CHAMBERLIN

.......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

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

and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

JOHN F FAY

ALAN FUERSTMAN

TERRI L GARNICK

BOB GARTHWAIT JR

GWENDOLYN JORDAN DUNGY

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	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MARSHA HOFFMAN COMEGNO	0 0	×						0	0	0	
TRUSTEE	0 0								-		
ENID WEDEMEYER CORKRAN TRUSTEE	0 0	х						0	0	0	
	0 0										
MALCOLM L COWEN II		x						0	0	0	
TRUSTEE	0.0							ĺ	9	Ĭ	

TROSTEE	0 0						
MALCOLM L COWEN II	0 0						
		X			0	0	
TRUSTEE	0 0						1
TERENCE TROY DATCHER	0.0						
TERENCE TROT BATCHER		x			l n	n	
TRUSTEE	0 0	*				Š	i.
ROBERT DUELKS	0 0						

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

and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

JEFFREY C OAK

STEPHEN PAUL MAHINKA

......

KATHRYN A MORRIS

ANDREW M PARKER

RICHARD L SCHEFF

	1 familiate d						I from the			
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES HESTON	0 0	X						0	0	0
TRUSTEE	0 0							3	Ū	
LINDSAY MUSSER HOUGH TRUSTEE	0 0	×						0	0	0
- TRUSTEE	0 0									
MARY CLAIRE LAGNO	0 0	x						0	0	0
TRUSTEE	ا م م		l	l						

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MARY CLAIRE LAGNO	0 0	V							0	
TRUSTEE	0 0	^						l o	0	
ERIC B LINT	0 0							0	0	
TRUSTEE	0 0	^							3	
VIKESH MAHENDROO	0 0									
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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dir	recto	or/tr	rustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOAN FISCHER SCHWEIZER TRUSTEE	0 0	×						0	0	0	
CHARLES T SCOTT TRUSTEE	0 0	x						0	0	0	
PETER G SEIDEN TRUSTEE	0 0	×						0	0	0	
W JEFFREY SIEGFRIED TRUSTEE	0 0	×						0	0	0	
RONALD J SMITH	0 0	×						0	0	0	

TRUSTEE F KEVIN TYLUS

TRUSTEE

TRUSTEE

PRESIDENT

PROVOST

LARRY D WALKER

JANET M RIGGS

CHRISTOPHER ZAPPE

DANIEL T KONSTALID

......

VP FOR FINANCE & ADMIN/TREAS

and Independent Contractors

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449,964

231,377

259,638

69,651

75,801

85,805

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

and Independent Contractors

JEANNE ARNOLD

KENNETH MOTT

JEFFREY BLAVATT

FACULTY / SOCIOLOGY

SANDRA GILL

CHIEF DIVERSITY OFFICER

......

CHAIRMAN LDRSHP/PUBLIC POLICY

FACULTY/POLITICAL SCIENCE

CEO EISENHOWER INSTITUTE

SUSAN EISENHOWER

	ally hours	l and	ı a uli	ecti	JI / LI	ustee	,	Organization	organizations	I on the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT KALLIN VP FOR DEVELOPMENT	40 0			×				238,885	0	50,517	
BARBARA FRITZE VP FOR ENROLLMENT & EDU SRVS	40 0			×				263,063	0	51,316	
RODNEY TOSTEN VP FOR INFORMATION TECHNOLOGY	40 0			х				235,795	0	47,309	

RODNEY TOSTEN	40 0		,		235.795	0	47,309
VP FOR INFORMATION TECHNOLOGY	0 0				255,795	0	47,309
JULIE RAMSEY	40 0		T		202.510	0	44,194
VP FOR COLLEGE LIFE/DEAN STDNT	0 0		`		202,310	0	44,154
JANE NORTH	40 0		T		105 703	0	22.071
EXECUTIVE VICE PRESIDENT	0.0		`		185,782	0	32,871

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167,041

236,064

208,651

170,406

168,256

26,054

38,050

35,599

47,744

22,178

0

0 0 40 0

0 0 40 0

0 0 40 0

0 0

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and Independent Contractors (A)

Name and Title

(B)

Average

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than one box, unless Institutio

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

employee

person is both an officer and a director/trustee)

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Position (do not check more

(D) Reportable compensation from the organization (W- 2/1099-MISC) 160,956 (E)

Reportable

compensation

from related

organizations (W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

41,150

DANIEL DENICOLA

FACULTY/PHILOSOPHY

Individual

efile	GR/	APHIC prii	nt - DO NOT PR	OCESS	As Filed Data -			DLN: 9:	3493088004019		
SCH	IFD	ULE A	Dı	ıblic (Sharity Statu	e and Buk	olic Gunn		OMB No 1545-0047		
	m 990				Charity Statu				2017		
90E	(Z)		Complete		4947(a)(1) nonexe	mpt charitable	trust.	d Scotion	4 01/		
Denarti	nent of	the Treasury	► Informat	ion abou	► Attach to Form ! t Schedule A (Form			ctions is at	Open to Public		
nterna	Reven	ue Service ne organiza	. :		<u>www.irs.g</u>	ov/form990.		Emmlesses identifie	Inspection		
		COLLEGE	uon					Employer identific	ation number		
Do.		Bassan	iou Bublic Chari	to Chalo	e (All overnærtion	a must comple	to this port \ C	23-1352641			
Par he o					is (All organization it is (For lines 1 thro			see instructions.			
1	_	A church, c	onvention of church	nes, or ass	sociation of churches	described in sect	tion 170(b)(1)	(A)(i).			
2	<u></u>	A school de	scribed in section	170(b)(1	L)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))				
3					ice organization descr	·	• •	iii).			
4		·	·	•	_			,. L70(b)(1)(A)(iii). Е	nter the hospital's		
•	Ш		and state	- Орстасс	a iii conjunction with	a nospital deseri					
5		(b)(1)(A)	(iv). (Complete Pai	tII)	_			ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local gover	nment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).			
7		section 17	0(b)(1)(A)(vi). (Complete	Part II)	• •	_	nit or from the genera	al public described in		
8		A communi	ty trust described i	n section	170(b)(1)(A)(vi)	(Complete Part I	Ι)				
9					scribed in 170(b)(1) e instructions Enter				ege or university or a		
10		from activit	ies related to its ex	empt fund ted busine	ctions—subject to cert ess taxable income (le	tain exceptions, a	and (2) no more	is, membership fees, than 331/3% of its su ses acquired by the c			
11	П		="		exclusively to test for	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported organ	izations d	escribed in section 5	09(a)(1) or sec	tion 509(a)(2	s of, or to carry out th			
a			-		the type of supporting		•	s 12e, 12f, and 12g zation(s), typically by	aiving the supported		
	Ц	organizatio		egularİy a _l				of the supporting orga			
b		manageme		g organiza	tion vested in the san			organization(s), by havinge the supported orga			
С		Type III f	inctionally integr	ated. A s				nd functionally integra	ted with, its		
d		functionally	integrated The or	ganīzation		fy a distribution i	equirement and	th its supported orgar an attentiveness req			
e		Check this	box if the organizat	ion receiv	•	ation from the II		pe I, Type II, Type II	I functionally		
f	Enter		of supported organ	•	2	3					
g	Provid	de the follow	ing information abo	out the su	pported organization(
	(i) N	lame of supp organizatior) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	n in your governing document? monetary support other support ines (see instructions) instructions					
						Yes	No				
								-			
Total			tion Act Notice, s			Cat No 11285		Schedule A (Form 9			

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 Schedule A, Part II, line 14

organization

instructions

supported organization

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

14

15

Schedule A (Form 990 or 990-EZ) 2017

74 202 %

74 152 %

▶□

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	19,094,720	14,579,016	22,136,225	21,588,345	17,790,915	95,189,221
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	19,094,720	14,579,016	22,136,225	21,588,345	17,790,915	95,189,221
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,010,551
	Public support. Subtract line 5 from line 4						88,178,670
	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	19,094,720	14,579,016	22,136,225	21,588,345	17,790,915	95,189,221
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,113,861	5,205,721	4,535,931	4,690,719	5,884,261	23,430,493
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)	52,757	40,467		65,367	57,116	215,707
11	Total support. Add lines 7 through 10						118,835,421
12	Gross receipts from related activities,	etc (see instruction	ons)			12	814,052,632
13	First five years. If the Form 990 is for check this box and stop here	-	,		•		nization,

,	Amounts from the 4	15,054,720	14,3/3,010	22,130,223	21,300,343	17,730,313	33,103,221
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,113,861	5,205,721	4,535,931	4,690,719	5,884,261	23,430,493
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	52,757	40,467		65,367	57,116	215,707

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2016. 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

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

provide detail in Part VI.

answer line 10b below

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.

6

7

8

10a

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 Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b 5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·	
	determination	3b	
c	ne 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 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		

c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
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		
С	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 foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	s any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you cked 12a or 12b in Part I, answer (b) and (c) below			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	e 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			
С	d the organization support any foreign supported organization that does not have an IRS determination under sections 1(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 foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
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)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

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.

Pa	rt IV Supporting Organizations (continued)			-9
			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		
	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		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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?		Yes	No
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in Part VI) See instructions				
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
	(i)	(i) (ii) Underdistributions		

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years

c Excess from 2015. d Excess from 2016. e Excess from 2017.

b Applied to 2017 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines		

See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID:

Software Version: EIN: 23-1352641

Name: GETTYSBURG COLLEGE

Schedule A (Form 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493088004019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

(Proxy Tax) (see separate instructions), then

• S	ection 501(c)(4), (5), or (6) organizations. Complete Part III	
Nam	e of the organization	Employer identification number
GETT	YSBURG COLLEGE	
		23-1352641
Part	I-A Complete if the organization is exempt under section 501(c) or is a section	n 527 organization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

"political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV

Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

2a Lobbying nontaxable amount 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

FORM 990, SCHEDULE C, PART II-B,

EDUCATION

LINE 1I

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT Form 5768 (election under section 501(h)).	filed		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	(a) (b)	
activi		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
С	Media advertisements?		No	
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?	Yes		390
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			390
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	_
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5), o	r sectioi	Yes No
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?		2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	
Par	till-B Complete if the organization is exempt under section 501(c)(4), section 501 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."			
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
_	expenses for which the section 527(f) tax was paid).	2a		
a b	Current year Carryover from last year	2b		
С	Total	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess do the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	es 4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
Pa	art IV Supplemental Information			
Pro	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group listructions), and Part II-B, line 1. Also, complete this part for any additional information	st), Part II-	A, lines 1	and 2 (see
	Return Reference Explanation			
FORN LINE	M 990, SCHEDULE C, PART II-B, 1G GETTYSBURG COLLEGE STAFF FROM TIME TO TIME SEND LETTERS TO OF REPRESENTATIVES EXPRESSING OPINIONS ON CERTAIN LEGISLATION A EDUCATION THE ESTIMATED AMOUNT OF EXPENSES INCURRED FOR THI CURRENT FISCAL YEAR WAS \$390	ND TOPICS	RELATED	TO HIGHER

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

SCHEDULE D Supplemental Fina

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.

2017

DLN: 93493088004019OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Open to Public Inspection

	e of the organization /SBURG COLLEGE		
			23-1352641
تك	Organizations Maintaining Donor Adv		
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6	(b)Funds and other accounts
7	otal number at end of year	(a) Donor advised funds	(b) Funds and other accounts
	otal number at end of year aggregate value of contributions to (during year)		
	aggregate value of grants from (during year)		
	aggregate value of grants from (during year)		
	,		dan an admirad 6 m da ama bla
	Did the organization inform all donors and donor advis organization's property, subject to the organization's e	exclusive legal control?	☐ Yes ☐
	Did the organization inform all grantees, donors, and o charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other	purpose conferring impermissible Yes
	Conservation Easements. Complete if t		on Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	anızatıon (check all that apply)	
	Preservation of land for public use (e g , recreation	on or education) 🔲 Preserva	tion of an historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution	in the form of a conservation Held at the End of the Ye
	Fotal number of conservation easements		2a
-	Fotal acreage restricted by conservation easements		2b
ſ	Number of conservation easements on a certified histor	ric structure included in (a)	2c
	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 8/17/06, and not on a hi	etoric 2d
	Number of conservation easements modified, transferr tax year ►	red, released, extinguished, or termi	nated by the organization during the
	Number of states where property subject to conservati	ion easement is located ▶	
	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspection,	handling of violations,
	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and er	
	>	-	
	Amount of expenses incurred in monitoring, inspecting\$	g, handling of violations, and enforci	ng conservation easements during the year
			section 170(h)(4)(B)(ı)
,	► \$	i) above satisfy the requirements of nservation easements in its revenue e footnote to the organization's fina	section 170(h)(4)(B)(i) Yes No and expense statement, and
rt	Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme Organizations Maintaining Collections Complete If the organization answered "Y	a) above satisfy the requirements of inservation easements in its revenue e footnote to the organization's finaints s of Art, Historical Treasures es" on Form 990, Part IV, line 8	section 170(h)(4)(B)(i) Yes No and expense statement, and notal statements that describes , or Other Similar Assets.
rt	Specifically specified by the organization of the organization reports controlling should be specified by the organization of the organization reports controlling sheet, and include, if applicable, the text of the organization's accounting for conservation easemed organization's accounting for conservation organizations.	a) above satisfy the requirements of asservation easements in its revenue is footnote to the organization's final sents s of Art, Historical Treasures (es" on Form 990, Part IV, line 8 (16 (ASC 958), not to report in its republic exhibition, education, or res	section 170(h)(4)(B)(i) Yes No and expense statement, and notal statements that describes or Other Similar Assets. venue statement and balance sheet works of earch in furtherance of public service,
t	Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme Organizations Maintaining Collections Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo	above satisfy the requirements of inservation easements in its revenue in footnote to the organization's final sents. Sof Art, Historical Treasures (es" on Form 990, Part IV, line 8 (16 (ASC 958), not to report in its republic exhibition, education, or researcial statements that describes the (16 (ASC 958), to report in its revenue.)	section 170(h)(4)(B)(i) Yes No and expense statement, and notal statements that describes or Other Similar Assets. venue statement and balance sheet works of earch in furtherance of public service, is items ue statement and balance sheet works of art,
t	Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the theorganization's accounting for conservation easeme Organizations Maintaining Collections Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final fithe organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pull historical treasures, or other similar assets held for pull	above satisfy the requirements of inservation easements in its revenue in footnote to the organization's final sents. Sof Art, Historical Treasures (es" on Form 990, Part IV, line 8 (16 (ASC 958), not to report in its republic exhibition, education, or researcial statements that describes the (16 (ASC 958), to report in its revenue.)	section 170(h)(4)(B)(i) Yes No and expense statement, and notal statements that describes , or Other Similar Assets. venue statement and balance sheet works of earch in furtherance of public service, ie items ue statement and balance sheet works of art, h in furtherance of public service, provide the
r t	Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemethe organization's maintaining Collections Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final fit the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pulfollowing amounts relating to these items Revenue included on Form 990, Part VIII, line 1	above satisfy the requirements of inservation easements in its revenue in footnote to the organization's final sents. Sof Art, Historical Treasures (es" on Form 990, Part IV, line 8 (16 (ASC 958), not to report in its republic exhibition, education, or researcial statements that describes the (16 (ASC 958), to report in its revenue.)	section 170(h)(4)(B)(i) Yes No and expense statement, and notal statements that describes , or Other Similar Assets. venue statement and balance sheet works of earch in furtherance of public service, ie items ue statement and balance sheet works of art, h in furtherance of public service, provide the
rt (i)	Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme III Organizations Maintaining Collections Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final if the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items	d) above satisfy the requirements of inservation easements in its revenue e footnote to the organization's final states. S of Art, Historical Treasures (es" on Form 990, Part IV, line (es" on Form 990, part IV, line (es" on Form 990, to report in its reproperties the public exhibition, education, or research (asc. 958), to report in its revenible (exhibition, education, or research of the exhibition, education, or research of the exhibition, education, or research of the exhibition (education).	yes No and expense statement, and notal statements that describes To Other Similar Assets. Venue statement and balance sheet works of earch in furtherance of public service, ie items ue statement and balance sheet works of art, h in furtherance of public service, provide the **S **S **S **S **S **S **S *
rt (i)	Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme Organizations Maintaining Collections Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final if the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pulfollowing amounts relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	d) above satisfy the requirements of inservation easements in its revenue e footnote to the organization's final states. S of Art, Historical Treasures (es" on Form 990, Part IV, line (es" on Form 990, part IV, line (es" on Form 990, to report in its reproperties the public exhibition, education, or research (asc. 958), to report in its revenible (exhibition, education, or research of the exhibition, education, or research of the exhibition, education, or research of the exhibition (education).	yes No and expense statement, and notal statements that describes To Other Similar Assets. Venue statement and balance sheet works of earch in furtherance of public service, ie items ue statement and balance sheet works of art, h in furtherance of public service, provide the **S **S **S **S **S **S **S *

Sche	edule D (Form 990) 2017					Page 2
Par	t III Organizations Maintaining Coll	ections of Art,	Historical Treas	ures, or Other	Similar Assets (co	ntınued)
3	Using the organization's acquisition, accession items (check all that apply)	, and other records	, check any of the f	following that are a	significant use of its o	ollection
а	Public exhibition		d 🗌 Loa	n or exchange prog	rams	
b	Scholarly research		e 🗌 Oth	er		
c	Preservation for future generations					
4	Provide a description of the organization's colle Part XIII	ections and explain	how they further t	he organization's ex	kempt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				ıılar 🔲 Yes	□ No
Pai	rt IV Escrow and Custodial Arranger Complete if the organization answ X, line 21.		rm 990, Part IV,	line 9, or reporte	ed an amount on Fo	rm 990, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermed	diary for contributio	ns or other assets	not Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing table		Amount	
c	Beginning balance		y	1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2 a	Did the organization include an amount on For	m 990, Part X, line	21, for escrow or o	custodial account lia	ability?	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	explanation has bee	n provided in Part)	KIII	<u>. Ll</u>
Pa	rt V Endowment Funds. Complete if		answered "Yes" (· · · · · · · · · · · · · · · · · · ·	
		(a)Current year	(b)Prior year	(c)Two years back		e)Four years back
	Beginning of year balance	313,816,062	282,922,994	295,910,848	' '	261,569,952
	Contributions	5,508,588 20,948,978		9,446,858 -13,285,910	' '	10,498,020 25,910,780
	Net investment earnings, gains, and losses			, ,	' '	
	Grants or scholarships	3,223,251	3,049,711	2,889,585	2,659,475	2,566,186
	Other expenditures for facilities and programs	5,829,949	7,367,800	6,259,217	10,307,113	6,113,051
	Administrative expenses					
g	End of year balance	331,220,428	313,816,062	282,922,994	295,910,848	289,299,515
2	Provide the estimated percentage of the curre	•	e (line 1g, column (a)) held as		
а	Board designated or quasi-endowment >	30 000 %				
b	Permanent endowment ► 53 000 %					
С	Temporarily restricted endowment ► 17 0	00 %				
	The percentages on lines 2a, 2b, and 2c should	•				
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	nd administered for	r the	V N-
	organization by (i) unrelated organizations				3a(Yes No i) Yes
	(ii) related organizations				3a(
b	If "Yes" on 3a(II), are the related organizations	s listed as required	on Schedule R?		3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds		<u> </u>	
Pai	rt VI Land, Buildings, and Equipmen	t.				
	Complete if the organization answ					
	Description of property (a) Cost or othe (investment)		t or other basis (other	(c) Accumulated of	lepreciation (d)) Book value
1a	Land		4,901,72	1		4,901,721
b	Buildings		285,617,36	0	141,966,283	143,651,077
С	Leasehold improvements					
	Equipment		59,631,91	3	44,152,528	15,479,385
	Other		15,466,74			15,466,740
	al. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part			>	179,498,923

Part VII Investments—Other Securities. Complete See Form 990, Part X, line 12.	if the organization ai	nswered "Yes" on For	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	•		
(A) HEDGE FUNDS	46,268,3	77	F
(B) REAL ASSETS	19,759,5	37	F
(C) PRIVATE EQUITY (D)	15,980,6	01	F
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	92.009.5	15	
Part VIII Investments—Program Related.	▶ 82,008,5	15	
Complete if the organization answered 'Yes' of		·	
(a) Description of investment	(b) Book val		Method of valuation end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	• F 000	Port IV has 444 Cas 5	000 Pert V Ive 45
Part IX Other Assets. Complete if the organization answer (a) Description		Part IV, line IId See F	(b) Book value
(1) FUNDS HELD IN TRUST BY OTHERS (2) DEBT AGREEMENT DEPOSITS			39,702,737 9,115,468
(3)			5,115,400
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15))		▶ 48,818,205
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	on answered 'Yes' on	Form 990, Part IV, li	ne 11e or 11f.
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		0	
STUDENT'S ADV PYMT & DEPOSITS		2,355,036	
ADVANCES FROM FEDERAL GOV'T		1,427,335	
DEP HELD IN CUSTODY FOR OTHERS		875,558	
ANNUITIES PAYABLE ACCRUED POST RETIREMENT COSTS		6,466,629 15,482,935	
(6)		13, 102,333	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	26,607,493	
2. Liability for uncertain tax positions. In Part XIII, provide the ter			
organization's liability for uncertain tax positions under FIN 48 (AS	SC /40) Check here if	the text of the foothote	nas peen provided in Part XIII 💌

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c					4c	
5		Ic. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro XI,	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any ac	IV, lines 1b and 2b, Part Iditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See A	Addıtıonal Data Table					

Page 5		Schedule D (Form 990) 2017
	ormation <i>(continued)</i>	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

Supplemental Information Return Reference

Explanation

ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION

SCHEDULE D, PART V, LINE 4, ENDOWMENT FUNDS

MUST

PROV

SUPPORTS

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: 93493088004019 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 No 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) (2017)

Schedule E (Form 990 or 990EZ) (2017)	Page 2
Part II Supplemental Information. Provide any other additional information (see instr	the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide auctions)
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) (2017)

efile GRAPHIC print - I	DO NOT PROCES	SS As Filed Data	1 -	DL	N: 93493088004019
SCHEDULE F (Form 990)	Statemen	t of Activities	Outside the Uni	ited States	OMB No 1545-0047
(1 0/111 330)	► Complete if the	e organization answered ► Attach	2017		
Department of the Treasury Internal Revenue Service	► Information abou) and its instructions is at wv	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization				Employer id	entification number
GETTYSBURG COLLEGE				23-1352641	
	rmation on Act rt IV, line 14b.	ivities Outside the	United States. Comple	te if the organization	answered "Yes" to
1 For grantmakers. D	oes the organizati	on maintain records t	o substantiate the amount	of its grants and	
•		y for the grants or ass	sistance, and the selection	criteria used	
to award the grants o	or assistance?				🗹 Yes 🗌 No
2 For grantmakers. D outside the United St		he organization's prod	edures for monitoring the	use of its grants and	other assistance
3 Activites per Region (Γhe following Part I,	line 3 table can be dup	olicated if additional space is	needed)	
(a) Region	(b) Nur offices regi	in the employees, agent	s, region (by type) (e g ,	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	
See Add'l Data					
Sub-total Dotal from continuation Part I	sheets to				4,264,417 38,080,550
IGILI	d 3b)	 	1		42,344,967

Schedule F (Form 990) 2017							Page 3
Part III Grants and Oth				ed States. Complete i	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
Part III can be d				ı	T	I	
(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							
		•					

Sche	dule F (Form 990) 2017		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, do not file with Form 990)	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, do not file with Form 990)	Yes	☑ No

Schedule F (Form	990) 2017 Page 5				
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting mandals of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to part any 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

Software ID: Software Version:

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

630,442

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
Central America and the Caribbean			Grantmaking		47,009				

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) Europe (Including Iceland and 2.460.949 |Grantmaking Greenland) Middle East and North Africa 184.501 |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 ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America 163.938 l Grantmakına Sub-Saharan Africa Grantmakıng 114,695

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 68.553 Program Services lEducation Caribbean 15,296 East Asia and the Pacific Program Services |Education

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) Europe (Including Iceland and 332.925 Program Services lEducation Greenland) Middle East and North Africa 149.549 Program Services |Education

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 region service(s) in region services, grants to region recipients located in the region) North America Education 12.786 Program Services South America Program Services Education 15,950

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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia Education 11.989 Program Services Sub-Saharan Africa Program Services Education 43,990

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 Program Services 616 lRecruitina Caribbean 10,249 East Asia and the Pacific Program Services Recruitina

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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and Program Services 980 lRecruitina Greenland) 1,895 North America Program Services Recruitina

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) South Asia Program Services 33.098 lRecruitina Central America and the Program Services Research 8,665 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 ın region (by type) (i e , offices in the employees or is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 18.032 Program Services lResearch. Europe (Including Iceland and Program Services Research 58,030 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 offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America 43.152 Program Services lResearch. South America Program Services Research 15,349

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 Program Services Study Abroad 37.700 Caribbean 933.968 East Asia and the Pacific Program Services Study Abroad

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) Europe (Including Iceland and Study Abroad 4.190.792 1 |Program Services Greenland) Middle East and North Africa 202.024 Program Services Study Abroad

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 region service(s) in region services, grants to region recipients located in the region) South America Study Abroad 192.900 Program Services Sub-Saharan Africa Program Services Study Abroad 140,633

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 31.885.625 lInvestments Carıbbean Europe (Including Iceland and 271.803 lInvestments 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 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 Fundraising 1.142 Caribbean **Fundraising** 41,602 East Asia and the Pacific

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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and Fundraising 2.856 Greenland) North America **Fundraising** 1,257

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 describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America Fundraising Sub-Saharan Africa iFundraising

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 47,009 FIN AID |FMV Central America land the Caribbean COLLEGE GRANT 43 630.442 | 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 2,460,949 FIN AID FMV lEurope (Including lIceland and (Greenland COLLEGE GRANT 10 184,501 | 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 (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) COLLEGE GRANT 163,938 FIN AID IFMV South America COLLEGE GRANT 114,695 FIN AID **IFMV** Sub-Saharan Africa

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493088004019 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 ☐ 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 individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) 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) 2017

Part II 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. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **ORANGE & BLUE** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 152,788 152,788 2 Less Contributions. 95,672 95,672 3 Gross income (line 1 minus 57,116 line 2) 57,116 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment **9** Other direct expenses 57,116 57,116 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 57,116 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) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity \mathbf{g}^2		□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13a			%
b	An outside facility		13b			%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books ar	nd records			
	Name ►					
	Address >					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
b		evenue received by the organization > \$ ar	nd the			
С	If "Yes," enter name and address of the	e third party				
	Name •					
	Address ▶					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$	······································				
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spe ities during the tax year	ent			
Pai		on. Provide the explanations required by Part I, line 2b, colu 5c, 16, and 17b, as applicable. Also provide any additional in				<u> </u>
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC prir	nt - DO N	IOT PROCESS	As Filed Data -					DLI	N: 934930880	04019
Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States						0	OMB No 1545-0047 2017		
Department of the Treasury Internal Revenue Service				ation answered "Yes," ▶ Attach to Form le I (Form 990) and its	1 990.			Open to Public Inspection		
Name of the organization GETTYSBURG COLLEGE								nployer identific	ation number	
Part I General	Informa	tion on Grants	and Assistance				23	3-1352641		
the selection crite	rıa used to	award the grants	or assistance?	the grants or assistance,		for the grants or assistan	ce, and		✓ Yes	□ No
				ind Domestic Governme ditional space is needed	ents. Complete if the o	rganization answered "Yes	" on Form 99	00, Part IV, line	21, for any recip	ient
(a) Name and addre organization or government	ess of	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		scription of n assistance	(h) Purpose of or assistance	f grant
(1)										
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(12)										
			-	s listed in the line 1 table				>		
For Paperwork Reduction	Act Notice	. see the Instructio	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990) 2017

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

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

Schedule I (Form 990) 2017

(5)

(6)

(7)

Part IV

Return Reference

SCHEDULE I, PART I, LINE 2

Explanation

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 934	19308	38004	019
Sch	edule J	Compensation Information	10	1B No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees,	and Highest			
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990,	Part IV. line 23	20	17	7
		▶ Attach to Form 990.				
•	tment of the Treasury al Revenue Service	► Information about Schedule J (Form 990) and its instr www.irs.gov/form990.	uctions is at		to Pul ectio	
Nar	ne of the organiza		Employer identificat			
GET	TYSBURG COLLEGE		23-1352641			
Pa	rt I Questi	ons Regarding Compensation	,			
					Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a pe section A, line 1a Complete Part III to provide any relevant information rega				
	First-class	s or charter travel	lence for personal use			
	_	companions \square Payments for business use	'			
		nification and gross-up payments \square Health or social club dues				
	☐ Discretion	nary spending account L Personal services (e.g., ma	aid, chauffeur, chef)			
b		xes in line 1a are checked, did the organization follow a written policy regard all of the expenses described above? If "No," complete Part III to explain	ding payment or reimbursement	1 b	Yes	
2		ation require substantiation prior to reimbursing or allowing expenses incurre ses, officers, including the CEO/Executive Director, regarding the items check		2	Yes	
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items check	ked in line 1a?			
3		If any, of the following the filing organization used to establish the compensi				
		CEO/Executive Director Check all that apply Do not check any boxes for meied organization to establish compensation of the CEO/Executive Director, but				
	·		•			
		ation committee Written employment contributions consultant Compensation survey or significant with the compensation of the compensation survey or significant with the compensation survey or significant with the compensation survey or significant with the compensation of the compensation survey or significant with the compensation of the comp				
		of other organizations Solution consultant Approval by the board or of the consultant or of	•			
			·			
4	During the year related organiza	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respec ation	t to the filing organization or a			
а	_	rance payment or change-of-control payment?		4a		No
b		r receive payment from, a supplemental nonqualified retirement plan?		4b		No
c	•	r receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each ite	em in Part III			
	0) F04(-)(4) and F04(-)(20) amonimation and a smallete lines F 0				
5		i), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or acci				
,		contingent on the revenues of	de arry			
а	The organization	n?		5a		No
b	Any related orga	anization?		5b		No
	If "Yes," on line	5a or 5b, describe in Part III				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or acci ontingent on the net earnings of	rue any			
а	The organization	n [?]		6 a		No
b	Any related orga			6b		No
	•	6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide an escribed in lines 5 and 6 ⁷ If "Yes," describe in Part III	y nonfixed	7		No
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract t nitial contract exception described in Regulations section 53 4958-4(a)(3)? If				
9		8, did the organization also follow the rebuttable presumption procedure des	cribed in Regulations section	8		No
For I		uction Act Notice, see the Instructions for Form 990.	Cat No 50053T Schedule 1	(Forn	990)	2017

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 (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1)(0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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		1	Schedule J (Fo	orm 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation SCHEDULE J. PART I. LINE 1A ITHE PRESIDENT IS PROVIDED HOUSING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE COLLEGE. THE COST OF HOUSING IS EXCLUDED. FROM COMPENSATION UNDER IRC SECTION 119(D) HOUSING IS MADE AVAILABLE TO THE VICE PRESIDENT FOR ENROLLMENT AND EDUCATION SERVICES AND THE CHIEF DIVERSITY OFFICER. THE VALUE OF HOUSING IS INCLUDED AS REPORTABLE COMPENSATION FOR SCHEDULE J

Schedule J (Form 990) 2017

Software ID: Software Version:

(B) Breakdown of W-2 and/or 1099-MISC compensation

(i) Base Compensation

234,655

199,252

183,741

151,539

231,515

208,321

166.216

167,173

156,105

EIN: 23-1352641

Name: GETTYSBURG COLLEGE

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

	(i) base compensation		Bonus & incentive Other reportable compensation compensation		compensation		, , , , ,	reported as deferred on prior Form 990
1JANET M RIGGS PRESIDENT	(1)	446,577	0	3,387	31,509	45,891	527,364	0
	(11)	0	0	0	0	0	0	0
1CHRISTOPHER ZAPPE PROVOST	(1)	229,829	0	1,548	29,617	47,021	308,015	0
		0	0	0	0	0	0	0
2 DANIEL T KONSTALID VP FOR FINANCE &	(1)	258,517	0	1,121	33,595	53,340	346,573	0
ADMIN/TREAS	(11)	0	0	0	0	0	0	0
3ROBERT KALLIN VP FOR DEVELOPMENT		233,373	0	5,512	29,634	21,721	290,240	0
	(11)	0	0	0	0	0	0	0
4BARBARA FRITZE VP FOR ENROLLMENT & EDU	(1)	248,569	0	14,494	30,433	23,770	317,266	0
CDVC	1	ı						

1,140

3,258

2,041

15,502

4,549

330

4,190

1,083

4,851

(C) Retirement and

other deferred

28,119

21,306

21,712

16,595

28,591

15,311

19,685

11,667

18,309

(D) Nontaxable

benefits

20,339

24,571

12,446

10,108

10,294

20,556

28,759

10,777

25,143

(F) Compensation in

column (B)

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

(E) Total of columns

(B)(i)-(D)

284,253

248,387

219,940

193,744

274,949

244,518

218,850

190,700

204,408

3ROBERT KALLIN
VP FOR DEVELOPMENT
4BARBARA FRITZE
VP FOR ENROLLMENT &
SRVS

5RODNEY TOSTEN

6JULIE RAMSEY

7JANE NORTH

8JEANNE ARNOLD

10KENNETH MOTT

FACULTY/POLITICAL SCIENCE

11JEFFREY BLAVATT

FACULTY / SOCIOLOGY

13DANIEL DENICOLA

FACULTY/PHILOSOPHY

CEO EISENHOWER INSTITUTE 12SANDRA GILL

STDNT

POLICY

VP FOR INFORMATION TECHNOLOGY

VP FOR COLLEGE LIFE/DEAN

EXECUTIVE VICE PRESIDENT

CHIEF DIVERSITY OFFICER

CHAIRMAN LDRSHP/PUBLIC

9SUSAN EISENHOWER

 $|(\Pi)|$

(II)

(ı)

(II)

(1)

(1)

(II)

(A) Name and Title

efile GRAPHIC print - DO NO	T PROCESS As	Filed Data -									DLN: 9	34930	8800	4019
• • • • • • • • • • • • • • • • • • •											ОМВ	No 1545	5-0047	
(1.01.11.330)	► Complete if the						rovide des	criptions,				MI	/	
Schedule K (Form 990) Supplemental Information on Tax-Exempt Bonds (Form 990) Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Part VI. P								Op	en to Pı	ıblic				
	Supplemental Information answered explanations, and a part of the Treasury of Revenue Service of the organization answered explanations, and a part of the organization about Schedule K (Formation ab						rs.gov/for	<u>11990</u> .	Employ	ver ident		nspection number		
										52641	inicaciói	i iidiiibei		
Part I Rond Tesues									25-15.	32071				
	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	f) Descripti	on of purpose	(a) De	feased	(h)	On	(i)	Pool
(4, 222 22 12 12 12 12 12 12 12 12 12 12 12	(2) 100 110 110	(0, 0000	(.,	(-,	F	``	. ,	-	(3)		beha	alf of	finar	
									Yes	No	ıssı Yes	ner No	Yes	No
	23-2988777	006116BJ5	06-23-2010	71,	523,663	REFINA	IANCING		les	X	ies	Х	163	X
B. ADAMS COUNTY INDUSTRIAL	22 2000777	006446000	07.24.2042	10.1	-04 772	DEETN	ANICTNIC			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	23-2988///	009119RGa	07-24-2013	18,	584,//2	KELINA	ANCING			X		X		X
Part III Proceeds					_									
Amount of bonds retired					A		t		С				D	
								0						
					71 523	2 663		18 584 722						
					/1,525	,,005 n		0						
								0						
						0		0						
					722	014		266.775						
				·										
						0		0						
10 Capital expenditures from prod	ceeds					0		o						
11 Other spent proceeds					70,801	.,649		18,317,947						
12 Other unspent proceeds						0		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	gıssue [?]		X			X							
15 Were the bonds issued as part	of an advance refund	ing issue?		Х				Х						
16 Has the final allocation of proc	eeds been made? .			Х			X							
17 Does the organization maintain	n adequate books and	records to support t	he final allocation of	X			×							
				^			^							
Private Business U	se		T		Λ			, [C				D	
						, +			Yes	No		Yes	-	 No
									1.03					
Are there any lease arrangement property?	ents that may result in	private business us	e of bond-financed		х			х						
For Panerwork Reduction Act Not			<u> </u>	Ca	t No 50)193F				Si	hedule	K (For	m 990	1 2017

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Part IV

Arbitrage

Page 2

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Χ

Χ

Yes

Χ

Х

No

Χ

Χ

Х

Χ

No

Х

Χ

Х

Α

Yes

Χ

0 %

0 %

0 %

Χ

Х

Χ

Yes

C

No

Yes

Schedule K (Form 990) 2017

No

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

organization, or a state or local government

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

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

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

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

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

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

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

Performed

Return Reference

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

		4
	Yes	No
Were gross proceeds invested in a guaranteed investment contract		V

В

Nο

No

Χ

Х

Yes

Yes

No

No

Yes

No

Yes

Χ

Х

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

Explanation

Yes

Χ

Page 3

No

Nο

D

Yes

Yes

ef	ile GRAPHIC print - DO NO	T PROCESS As	Filed Data -										934930		
	hedule K	9	nnlemental l	nformation o	n Tay 5	vamn	t Bo	nde				ОМВ	No 1545	5-0047	
(F	orm 990)			vered "Yes" to Form					criptions,			2	201	7	
		•	explanations,	and any additional Attach to Form 99	information									•	
	artment of the Treasury rnal Revenue Service	▶Informatio		(Form 990) and its		s is at <u>พห</u>	vw.irs.g	ov/fori	<u>11990</u> .				en to Pu Inspecti		
	ne of the organization									Emplo	yer iden	tıficatıo	n number	•	
GLI	TTTSBOKG COLLEGE									23-13	52641				
P	art I Bond Issues		1							1					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) D	escription	on of purpos	e (g) D	efeased		On alf of		Pool ncing
												ıss	uer		
_	CETT/CDUBC MUNICIPAL	25 6010760	374211DB6	02.15.2017	20.2	30 047 5	NIANCIN	IC CART	· A I	Yes	No	Yes	No	Yes	No
Α	GETTYSBURG MUNICIPAL AUTHORITY	25-6010768	374311DR6	02-15-2017	20,3		INANCIN 1PROVEI		AL		X		×		X
Pa	art II Proceeds					Α		E	r		,			D	
1	Amount of bonds retired				1	-	0		1	`	•			<u> </u>	
2	Amount of bonds legally defea						0								
3	Total proceeds of issue					20,491,5	71								
4	Gross proceeds in reserve fun						0								
5	Capitalized interest from proce	eeds					0								
6	Proceeds in refunding escrows	5					0								
7	Issuance costs from proceeds					320,3	38								
8	Credit enhancement from prod						0								
9	Working capital expenditures						0								
10	Capital expenditures from pro					14,084,2	:33								
11	Other spent proceeds						0								
12	Other unspent proceeds					6,087,0	00								
13	Year of substantial completion	1				T									
					Yes	No		Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part					×									
15	Were the bonds issued as part					Х									
16	Has the final allocation of prod					Х									
17	Does the organization maintal proceeds?	n adequate books and	records to support th	e final allocation of	×										
Pa	rt IIII Private Business l					<u> </u>								-	
					i	A		Е	,	(:			D	
					Yes	No		Yes	No	Yes	No		Yes		No
1	Was the organization a partne financed by tax-exempt bonds	er in a partnership, or a	a member of an LLC, v	wnich owned property		×									
2	Are there any lease arrangem	ents that may result in	private business use			×									
For	property?					l t No 5019	93E				S	chedul	e K (For	m 990) 2017

9

Part IV

Arbitrage

C D Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Х If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 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 Χ property?......... If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? 4 0 % 0 %

0 %

Х

Χ

Χ

Yes

No

C

No

Yes

Schedule K (Form 990) 2017

No

Yes

Χ

No

Χ

Χ

Х

Α

Yes

Χ

Page 2

coanser to review any research agreements relating to the imaneed property	
Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government \blacktriangleright	
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.	

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

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?

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

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

2017 Issuance - May 31, 2018

Were gross proceeds invested in a guaranteed 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

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

Performed

Return Reference

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

Part IV	Arbitrage (Continued)		
			4
		Yes	No

В

Nο

No

Yes

Yes

No

No

Yes

No

Yes

Х

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

Explanation

Yes

Χ

Page 3

No

Nο

D

Yes

Yes

Return Reference	Explanation
Schedule K. Part II. Line 3	Difference between issue price in Part 1 and total proceeds of issue in Part II is due to investment earnings on project funds

efile GRAPHI	C print - DO N	OT PROCESS	S As Fi	led Data -					DL	.N: 93	49308	800	4019
Schedule L (Form 990 or 990		ete if the orga	nization a 28b, or 28	tions with Interested Persons ion answered "Yes" on Form 990, Part IV, lines or 28c, or Form 990-EZ, Part V, line 38a or 40b.							MB No		
	▶ Tni		► Attac	h to Form 990 ile L (Form 99	or Form 99	O-EZ.		ne ie	ət		20	1	/
Department of the Tre Internal Revenue Serv	easurv	ormation abo	out Schedu	www.irs.gov/		, and its insti	uctio	13 13	at	9	Open t Insp		
Name of the org							En	nplo	yer ide	entifica	ation nu	ımbe	r
GETTTSBURG COL	LEGE						23	-135	2641				
	ess Benefit Tra plete if the organiz									10h			
	Name of disqual			Relationship be					escript		(d)	Corre	ected?
		· 		0	rganization		_	tr	ansactı	on	Ye	s	No
							-						
							+						
2 Enter the a	mount of tax incu	rred by organiz	ation mana	gers or disquali	fied persons	during the veai	- unde	r sec	tion				
		, ,		-		,	•		. •	\$ —— \$ ——			
	ans to and/or												
	mplete if the orgar ported an amount o				Part V, line 3	8a, or Form 99	0, Par	t IV,	line 26	o, or if	the orga	nızat	ion
(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Loan	oan to or from the control (e)Original principal amount		(f) Balance due		g) In (h) efault? Approved board of		ved by d or	or		
			То	From	1		Yes	No	Yes	No	Yes	N	lo
(1) Stephen K Cloetingh	Board of Trustee	GB Great Productions	X		190,000	168,375	_	No	Yes		Yes		
(2) Robert N Duelks	Board of Trustee	GB Great Productions	Х		50,000	40,151		No	Yes		Yes		
(3) Robert Garthwait Jr	Board of Trustee	GB Great Productions	X		50,000	40,151		No	Yes		Yes		
Total		nee Denefiti			\$	248,677							
	ants or Assista nplete if the org					line 27.							
(a) Name of Inte) Relationship terested persor organizati	n and the	(c) Amount o	of assistance	(d) Type (of assis	stanc	e	(e) Pu	rpose of	assis	tance
									-+				
For Danamuark Ba	duction Act Notice.	see the Instruc	tions for Fo	rm 990 or 990-F	7 (:	ht No. 50056A		C-I		/Ear	000 0#	200 -	7) 2017

transaction

of

	person and the organization			organiza reven	
				Yes	No
(1) PETER NORTH	SPOUSE OF OFFICER	186,585	EMPLOYEE COMPENSATION		No
(2) ABIGAIL KALLIN	DAUGHTER OF OFFICER	13,523	EMPLOYEE COMPENSATION		No
(3) LAUREL ANN COHEN	SPOUSE OF BOARD OF TRUSTEE	113,542	EMPLOYEE COMPENSATION		No
	1				$\overline{}$

Part V	Supplemental Information		
			Ξ

between interested

Schedule L (Form 990 or 990-EZ) 2017

Provide additional informat	tion for responses to questions on Schedule L (see instructions)
Return Reference	Explanation

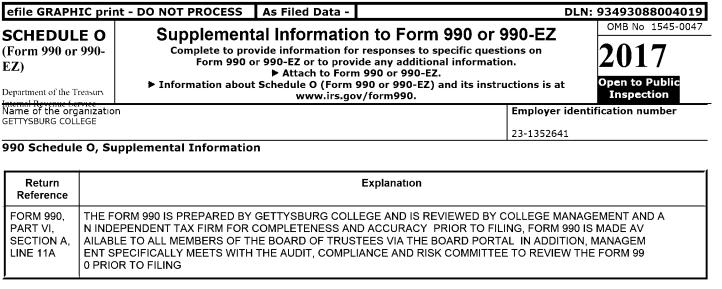
LOANS TO AND/OR FROM INTERESTED IGGP PROMISSORY NOTE GETTYSBURG GREAT PRODUCTIONS (GGP). A DISREGARDED ENTITY OF

PERSONS 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 I (Form 990 or 990-F7) 2017

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -			DLN:	9349308	8004	019
	EDULE M			loncash Contri	hutions			OMB No 1	545-0	047
(For	m 990)							20	17	7
		►Complete if the ► Attach to Form	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 29	9 or 30	0.	20	<u> </u>	
Б				le M (Form 990) and its i	nstructions is at www.irs	.gov/	form990	Open to	Dub	lic
	tment of the Treasurv al Revenue Service			,				Inspe		
Name	e of the organizat (SBURG COLLEGE	ion				Emplo	yer iden	tification n	umber	
GEII	SBURG CULLEGE					23-135	52641			
Pa	rt I Types	of Property								
			(a)	(b)	(c)			(d)		
			Check If applicable	Number of contributions or items contributed	Noncash contribution amounts reported on			d of determi ontribution a		-
			аррисавіе	items continuated	Form 990, Part VIII, line	'	ioricasii co	ontribution a	mount	5
					1g					
1	Art—Works of art		X	4	54,501	. FMV//	APPRAISA	<u>L</u>		
3	Art—Historical tro Art—Fractional in									
4	Books and public		X		2,470	FMV				
	Clothing and hou				2,1,7					
	-									
	Cars and other v					-				
7 8	Boats and planes Intellectual prope					+				
9	Securities—Public	,	X	92	1,321,771	FMV				
	Securities—Close	•								
11	Securities—Partr	1 ' '								
12	or trust interest									
13	Securities—Misce Qualified conserv									
13	contribution—Hi structures	storic								
14	Qualified conserv									
15	contribution—Of Real estate—Res									
	Real estate—Con									
17	Real estate—Oth	er								
18	Collectibles .									
19	Food inventory									
20	Drugs and medic	al supplies .								
21	Taxidermy									
	Scientific specim									
	Archeological art									
	Other ► (IT EXPENSES)		Х	2	11,079	FMV				
	Other ► (PLIES)		Х	3	1,002	FMV	<u> </u>			
27	Other ▶ ()								
28	Other ▶ ()								
29				ition during the tax year for 3, Part IV, Donee Acknowled		29				3
									Yes	No
30a	must hold for at		om the date	y contribution any property reports of the initial contribution, a				mpt		
b		e the arrangement		· ·		-		30a		No
31	Does the organi	zation have a gift ac	cceptance p	olicy that requires the reviev	v of any nonstandard contril	butions	s?	31	Yes	
32a				or related organizations to so	olicit, process, or sell nonca	sh				
						•		32a		No
	•		n amount in	column (c) for a type of pro	perty for which column (a)	ıs chec	ked.			
	describe in Part	•			,,		,			
Eor D		on Act Notice, see the	a Instruction	s for Form 990	Cat No. 512271		School	lule M (Form	990) /	2017)

Schedule M (Form 990) (2017)										
Part II Supplemental Information.										
	Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part									
	I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete									
	this part for any add	itional information.								
Ret	Return Reference Explanation									
		Schedule M (Form 990) (2017)								



990 Schedule O, Supplemental Information

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 CHAIR 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

990 Schedule O, Supplemental Information

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

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

Return Explanation

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT S \$(587,013) POST RETIREMENT RELATED CHANGES 790,807 CHANGE IN SURRENDER VALUE OF LIFE INSURANCE 42,316 CHANGE IN NET ASSETS OF RELATED ENTITIES (143,511) DISREGARDED ENTITY (675,065) TOTAL PART XI, LINE 9 \$(572,466)

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection

DLN: 93493088004019 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization GETTYSBURG COLLEGE 23-1352641 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) GETTYSBURG HOTEL MANAGEMENT LLC REAL ESTATE PA 675,066 4,294,838 GETTYSBURG C 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 41-2224678 (2) GETTYSBURG GREAT PRODUCTIONS LLC FILM PRDN PA 5,017 277,112 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) 2017

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	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)	mana part	ral or aging ner?	(k Percen owner	ntage
(1) GETTYSBURG HOTEL INVESTORS LP		REAL ESTATE	PA	SEE PART VI	EXCL UNDER	675,066	4,821,536	Yes	No No		Yes	No		
ONE LINCOLN SQUARE GETTYSBURG, PA 17325 23-2571553					512(B)13		,,,,,,,,,,							
Part IV Identification of Related Orga							nswered "Ye	s" on	Form 9	990, Part I\	/, lini	e 34		
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated (b) Primary activity	(sta	(c) Legal domicile te or forei	ı	ng the tax yea (d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota Income	l Sha	(g) re of end year assets	l-of- Pero	(h) centage nership		Section (b)(: contro entit	n 512 13) olled
(1)BULLET LAND INC	REAL ESTATE		PA		ETTYSBURG COL	C CORD	E01 E1	,	201	130 100	000 %		Yes Yes	No
300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325 23-2530522	REAL ESTATE		PA		ETTTSBURG COL	C CORP	521,51	3	301,	129 100	000 %		res	
(2)MAJESTIC CONCESSIONS CORP 25 N CARLISLE STREET GETTYSBURG, PA 17325	CONCESSIONS		PA	G	ETTYSBURG COL	C CORP		0	44,	126 100	000 %		Yes	
75-3195760 (3)GETTYSBURG HOTEL INC	HOTEL SERVICE		PA	В	ULLET LAND INC	C CORP								
ONE LINCOLN SQUARE GETTYSBURG, PA 17325 23-2678413														
(4)CHARITABLE ANNUITY TRUSTS (3)	ANNUITY		PA	N	A	TRUST								
(5)CHARITABLE UNITRUSTS (8)	ANNUITY		PA	N	A	TRUST								
(6)POOLED INCOME FUND (2)	ANNUITY		PA	N	A	TRUST								
														.———

(1)GETTYSBURG HOTEL INVESTORS LP

(2)GETTYSBURG HOTEL INVESTORS LP

(4)BULLET LAND INC

(3)EMPLOYER-CONTRIBUTION VEBA TRUST

No

No

No

No

No

No

1k

1 Yes

1m

1n

1q Yes

1r Yes

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Yes

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?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	. 1b	,	No
c Gift, grant, or capital contribution from related organization(s)	. 10	:	No
d Loans or loan guarantees to or for related organization(s)	. 1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	f	
g Sale of assets to related organization(s)	1 g	,	No
h Purchase of assets from related organization(s)	1h	· 	No
i Exchange of assets with related organization(s)	1i		No

(b)

Transaction type (a-s)

R

(c)

Amount involved

420,529

7,668,552

293,240

1.150,000

FMV

FMV

FMV

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

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

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

Name of related organization

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) . . .

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

- See management of garileactors see and accords regarding exclusion		, countries p	a										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

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Part VII Supplemental Info	Part VII Supplemental Information							
Provide additional infor	mation for responses to questions on Schedule R (see instructions)							
Return Reference	Explanation							
SCHEDULE R, PART III, COLUMN A, LINE 1	EIN 23-2571553							

Return Reference	Explanation
	DIRECT CONTROLLING ENTITIES OF GETTYSBURG HOTEL INVESTORS, LP ARE BULLET LAND, INC GETTYSBURG HOTEL MANAGEMENT LLC

Schedule R (Form 990) 2017