# EXTENDED TO MAY 15, 2024 Short Form

Form **990-EZ** 

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

			endar year, or tax year beginning JUL 1		, 2022	, and ending	JUN	30	, 2023
В	Check it applicate	f ole:	C Name of organization				D Emp	loyer i	dentification number
		ess change							
	Nam	e change	HISTORIC GETTYSBURG ADAMS COUN	II YTV	IC		2	3-1	974727
	Initia	l return return/	Number and street (or P.O. box if mail is not delivered to street addre	ess)		Room/suite	<b>E</b> Tele	phone	number
	Final termi	return/ inated	PO BOX 4611				7:	17-	334-5185
	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal co	de		•	<b>F</b> Grou	up Exe	mption
	$\square_{Applic}$	ation pending	GETTYSBURG, PA 17325				Num	nber	
G	Accou	nting Meth	od: X Cash Accrual Other (specify)				<b>H</b> Che	ck	if the organization is
I	Websi	te: W	WW.HGACONLINE.ORG				not	require	ed to attach Schedule B
J	Tax-ex	cempt stat	us (check only one) $ X$ 501(c)(3) 501(c) ( ) (inse	rt no.)	4947(a)(	) or 527	(For	m 990	).
			tion: X Corporation Trust Association	Oth	er				
L.	Add lin	ies 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or mo	re, or if to	tal assets (Part	Ι,		
	columi	n (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ					\$	
P	art I	Reve	enue, Expenses, and Changes in Net Assets or	Fund B	alance	<b>S</b> (see the instru	ıctions	for Par	·
			if the organization used Schedule O to respond to any question in this						X
	1	Contribut	tions, gifts, grants, and similar amounts received					1	26,366.
	2		service revenue including government fees and contracts					2	15,062.
	3	Members	ship dues and assessments					3	8,920.
	4	Investme	nt income	SEE	SCHE	DULE O		4	1,415.
	5a	Gross am	nount from sale of assets other than inventory	5	a	2,8	69.		
	b		st or other basis and sales expenses		b	3,4	43.		
	С	Gain or (I	oss) from sale of assets other than inventory (subtract line 5b from lin	ne 5a)				5c	-574.
	6	Gaming a	and fundraising events:						
<u>o</u>	a	Gross inc	come from gaming (attach Schedule G if greater than						
Revenue		\$15,000)		6					
Şe,	b	Gross inc	come from fundraising events (not including \$	93 <b>4</b> . of	contributio	ins			
_			draising events reported on line 1) (attach Schedule G if the sum of su						
			ome and contributions exceeds \$15,000)		b	15,1	55.		
	С		ect expenses from gaming and fundraising events			7,1			
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b		t line 6c)			6d	8,003.
	7a		les of inventory, less returns and allowances						
	b	Less: cos	st of goods sold	7					
	C	Gross pro	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)					7c	40.505
	8	Other rev	enue (describe in Schedule O)	SEE	SCHE	DOTE O		8	10,725.
	9	Total rev	<b>renue</b> . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	~~~				9	69,917.
	10	Grants ar	nd similar amounts paid (list in Schedule 0)	SEE	SCHE.	DOTE O		10	11,500.
	11		paid to or for members					11	
es	12		other compensation, and employee benefits					12	1 4 1 1 0 0
ens	13	Professio	onal fees and other payments to independent contractors		COLLE			13	14,129.
Expenses	14	Occupan	cy, rent, utilities, and maintenance	SEE	SCHE.	DOPE O		14	18,233.
_	15	Printing,	publications, postage, and shipping		COLLE			15	5,173.
	16		penses (describe in Schedule 0)					16	17,920.
	17		penses. Add lines 10 through 16					17	66,955.
ş	18		r (deficit) for the year (subtract line 17 from line 9)					18	2,962.
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A))					46	262 077
Ţ		(must ag	ree with end-of-year figure reported on prior year's return)	ממט	COTTE			19	263,877.
Š	20		anges in net assets or fund balances (explain in Schedule 0)					20	1,499.
	21	Net asset	ts or fund balances at end of year. Combine lines 18 through 20					21	268,338.

Page 2

Pa	art II Balance Sheets (see the instructions for Part	: II)				
	Check if the organization used Schedule O to	respond to any question	n in this Part II			X
		(4	A) Beginning of year		( <b>B</b> ) E	nd of year
22	Cash, savings, and investments		160,345	• 22		173,451.
23			103,532	• 23		98,434.
24				24		
25	5 Total assets		263,877	• 25		271,885.
26	5 Total assets 6 Total liabilities (describe in Schedule 0) SEE SCHEDULI	ΕO	0	• 26		3,547.
27			263,877	• 27		268,338.
	art III Statement of Program Service Accomplish					rpenses
	Check if the organization used Schedule O to	· ·	,		(Required	for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULI		· · · · · · · · · · · · · · · · · · ·	_		and 501(c)(4) ons; optional for
	cribe the organization's program service accomplishments for each of its three largest programs.		a In a clear and concine		others.)	סווס, טףנוטוומו וטו
	nner, describe the services provided, the number of persons benefited, and other relevant		s. III a clear and concise		,	
28	SEE SCHEDULE O					
20	<u> </u>			-		
	(Grants \$ ) If this amount includes fore	eign grants, check here		<del></del> 1,	28a	12,458.
00	20a	12,430.				
29	SEE SCHEDULE O					
				—		
	11 500			<u>—</u> П		A E17
	(Grants \$ 11,500.) If this amount includes fore	eign grants, check here		<u> </u>	29a	4,517.
30	SEE SCHEDULE O					
		eign grants, check here			30a	4,491.
31	Other program services (describe in Schedule O) SEE SO	CHEDULE O				
	(Grants \$ ) If this amount includes fore	eign grants, check here			31a	74.
	Total program service expenses (add lines 28a through 31a)				32	21,540.
Pa	art IV List of Officers, Directors, Trustees, and Ko	ey Employees (list each one e	ven if not compensated -	see the ir	structions f	or Part IV)
	Check if the organization used Schedule O to	respond to any question	n in this Part IV			
	•	(b) Average hours	(C) Reportable		th benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC/	employ	utions to ee benefit	amount of other
	. ,	position	1099-NEC) (if not paid, enter -0-)		nd deferred ensation	compensation
KE	EITH J. SCHULTZ					l '
				оотпр		
	RESIDENT	12.00	0.	comp	0.	0.
	RESIDENT DLEEN DEE BERRY	12.00	0.	Comp	0.	0.
	DLEEN DEE BERRY			Comp		
	DLEEN DEE BERRY ECRETARY	12.00	0.	comp	0.	0.
	DLEEN DEE BERRY ECRETARY JAY MACKIE	6.00	0.	Comp	0.	0.
TR	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER			Comp		
TR RE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR	6.00	0.		0.	0.
TR RE DI	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR	6.00	0.		0.	0.
TR RE DI GR	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN	6.00 4.00 1.00	0.		0.	0.
TR RE DI GR DI	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR	6.00	0.		0.	0.
TR RE DI GR DI MI	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI	6.00 4.00 1.00 18.00	0. 0. 0.		0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI	6.00 4.00 1.00	0.		0.	0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.	00.11	0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI	6.00 4.00 1.00 18.00	0. 0. 0.	Comp	0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.	00.11	0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.	Comp	0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.	Comp	0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.	00.11	0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.		0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.		0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.		0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.		0. 0. 0.	0. 0. 0.
TR RE DI GR DI MI DI BE	DLEEN DEE BERRY ECRETARY JAY MACKIE REASURER EGINA HOLLAR IRECTOR REG KAUFMANN IRECTOR ICHAEL KOZISKI IRECTOR ERNIE MAZER	6.00 4.00 1.00 18.00 5.00	0. 0. 0.		0. 0. 0.	0. 0. 0.

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Part V

instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Х N/A **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **0** • ; section 4912 **0** • ; section 4955 **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х PA List the states with which a copy of this return is filed THE ORGANIZATION 717-334-5185 42 a The organization's books are in care of Telephone no. PO BOX 4611, GETTYSBURG, PA <u> 17325</u> b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? Х If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions Form 990-EZ (2022)

Form **990-EZ** (2022)

								Yes	No
	ganization engage, directly or indirectly, in polit								
If "Yes," c	omplete Schedule C, Part I	Only					46		X
	Section 501(c)(3) Organizations All section 501(c)(3) organizations must ar	-	10h and 52 a	and complet	to the tables for line	s 50 and 51			
	Check if the organization used Schedule (	•		•					
	oneon in the organization acea concadio (	o to respond to drif	quodadiriira	101 411 11 .				Yes	No
47 Did the or	rganization engage in lobbying activities or have	a section 501(h) elect	ion in effect du	ring the tax y	ear?				
If "Yes," c	omplete Sch. C, Part II						47		Х
	anization a school as described in section 170(						48		X
	ganization make any transfers to an exempt no						49a		Х
	as the related organization a section 527 organ this table for the organization's five highest cor						49b	nevived	more
· ·	0,000 of compensation from the organization. If		•	oors, uncolor	s, trustoos, aria key e	inployees) who	σασιτι	Journa	111016
	(a) Name and title of each employee		(b) Averag	ge hours	(C) Reportable	(d) Health benefit	s, (	e) Estim	nated
			per week d		compensation (Forms W-2/1099-MISC/	contributions to employee benefit plans, and deferred	t l am	ount of	
	NONI	E	posit	tion	1099-NEC)	compensation	cc cc	mpens	ation
					+		+		
	nber of other employees paid over \$100,000					000 - f	- 45 4		_
· ·	this table for the organization's five highest corion. If there is none, enter "None."  NON!		t contractors w	/no each rece	eived more than \$100,	000 of compens	ation 1	rom the	е
	ion. If there is none, enter "None." NON lame and business address of each independen			(h	) Type of service	(c)	Comp	ensatio	n
(4)	and and suchiose address of sach maspenash	r community		(5	) 1) po oi coi vico	(0)	oomp	onouno	
<b>d</b> Total num	nber of other independent contractors each rece	eiving over \$100,000							
52 Did the or	ganization complete Schedule A? Note: All sect	tion 501(c)(3) organiza	tions must atta	ıch a					
	d Schedule A						Χ γ		No
•	s of perjury, I declare that I have examined this r					=	dge an	d belief	f, it is
true, correct, ar	nd complete. Declaration of preparer (other than	i oπicer) is based on ai	i information of	r wnich prepa	arer nas any knowledg	e. 			
Sign	Signature of officer					Date			
Here	KEITH J. SCHULTZ, PI	RESIDENT							
	Type or print name and title								
•	Print/Type preparer's name	Preparer's signature		Date	Check X	if PTIN			
Paid					self- emplo	·	_		
Preparer	NORMA L. CALHOUN	10111 655				P00	545	488	
Use Only	Firm's name NORMA L. CALI	-			Firm's EIN		7 ^	7/0	
	Firm's address 390 SCHRIVEI GETTYSBURG,				Phone no	717-33	<i>1</i> – U	748	
May the IRS die	scuss this return with the preparer shown above						Х ү	es	No

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

HISTORIC GETTYSBURG ADAMS COUNTY INC 23-1974727 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	59,084.	36,600.	28,270.	52,601.	35,286.	211,841.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	59,084.	36,600.	28,270.	52,601.	35,286.	211,841.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						211,841.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 36,600.	(c) 2020	(d) 2021	(e) 2022 35, 286.	(f) Total		
7	Amounts from line 4	59,084.	36,600.	28,270.	52,601.	35,286.	211,841.		
8	Gross income from interest,						_		
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	13,512.	14,151.	11,513.	9,761.	12,140.	61,077.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						272,918.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	55,080.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publ	ic Support Pei	rcentage						
14	Public support percentage for 2022 (	line 6, column (f), d	ivided by line 11, o	column (f))		14	77.62 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	80.45 %		
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X		
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation					
17a	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	<b>e.</b> Explain in Part '	VI how the organiz	ation		
	meets the facts-and-circumstances to	est. The organization	n qualifies as a pu	iblicly supported o	organization				
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						l
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						<u> </u>
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Pub						
<b>15</b> Public support percentage for 2022	(line 8, column (f), o	divided by line 13,	column (f))			%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	<b>022</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, ch	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
20 Private foundation. If the organization						

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the 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 lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
_		
9a		
OL		
9b		
9c		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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		
Sec	tion C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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		
Sec	tion 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 yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on line 2a, above, 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 lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Sche	dule A (Form 990) 2022 HISTORIC GETTYSBURG ADA	AMS C	OUNTY INC	23-1974727 Page 6
Pai		ng Orga	anizations	G
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

emergency temporary reduction (see instructions). ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

4

5

6

Schedule A (Form 990) 2022

Enter greater of line 2 or line 3.

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

5 Income tax imposed in prior year

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ıed)	
	on D - Distributions		<del>(OOTHING</del>	, o u ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	าร	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**2022** 

Open to Public Inspection

Employer identification number Name of the organization HISTORIC GETTYSBURG ADAMS COUNTY INC 23-1974727 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f Solicitation of government grants X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
				BARN ART		(add col. (a) through				
			BARN TOUR	SHOW	2	col. (c))				
Ф			(event type)	(event type)	(total number)	COI. (C))				
Revenue		Cross resolints	2,834.	13,777.	5,478.	22,089.				
Re	•	Gross receipts			3,170.					
	2	Less: Contributions	2,834.	4,100.		6,934.				
	3	Gross income (line 1 minus line 2)		9,677.	5,478.	15,155.				
	4	Cash prizes		2,000.		2,000.				
"	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
Direct E	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses	458.	3,334.	1,360.	5,152.				
		Direct expense summary. Add lines 4 through				7,152. 8,003.				
Da		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								
Га	ונו	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than					
		ψ13,000 0111 01111 000 E2, linic da.		(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
evel										
Œ	1	Gross revenue								
တ္ထ	2	Cash prizes								
ense										
ă.	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
	3	Other direct expenses	Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	No /					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
		<del>-</del>								
		ter the state(s) in which the organization condu	_							
		the organization licensed to conduct gaming and No," explain:				Yes No				
	_									
		ere any of the organization's gaming licenses re Yes," explain:	•	-	year?	Yes No				
	_									

Sch	ledule G (Form 990) 2022 HISTORIC GETTYSBURG ADAMS COUNTY INC 23-1	<u>.9/4</u>	121	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	10.0		,,
•	Enter the manie and address of the person who propares the organization organization organization of social events books and records.			
	Name			
	Name			
	Addusas			
	Address			
			V	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	.Ш	Yes	∟ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Describition of any isos purciled			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	٠ ا	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	·			

Schedule G	i (Form 990)	HISTORIC	GETTYSBURG	ADAMS	COUNTY	INC	23-1974727	Page 4
Part IV	i (Form 990) Supplemental Infor	mation (continue	d)					

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HISTORIC GETTYSBURG ADAMS COUNTY INC

Employer identification number 23-1974727

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	135.
DIVIDENDS	1,280.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	1,415.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
REAL PROPERTY, GETTYSBURG, PA	10,725.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	
ACTIVITY CLASSIFICATION: BARN PRESERVATION	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 09/28/22	
AMOUNT GIVEN:	1,200.
ACTIVITY CLASSIFICATION: BARN PRESERVATION	
GRANTEE NAME: HAUSER FAMILY FARMS LLC	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 11/02/22	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: BARN PRESERVATION	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 05/10/23	

Name of the organization	Employer identification number
HISTORIC GETTYSBURG ADAMS COUNTY INC	23-1974727
AMOUNT GIVEN:	2,500.
ACTIVITY CLASSIFICATION: BARN PRESERVATION	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 05/03/23	
AMOUNT GIVEN:	2,500.
ACTIVITY CLASSIFICATION: BARN PRESERVATION	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 05/10/23	
AMOUNT GIVEN:	1,800
ACTIVITY CLASSIFICATION: BARN PRESERVATION	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 05/10/23	
AMOUNT GIVEN:	2,500
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	11,500
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITI	ES, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	2,500
UTILITIES	3,275
OTHER EXPENSES	12,458
TOTAL TO FORM 990-EZ, LINE 14	18,233
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	941.
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022		Page 2
Name of the organization	HISTORIC GETTYSBURG ADAMS COUNTY INC	Employer identification number 23-1974727
DEPRECIATION		2,598.
LICENSES AND PE	ERMITS	416.
MEMBERSHIP EXPE	ENSES	3,037.
OTHER PROGRAM S	SERVICE EXPENSES	10,024.
OTHER EXPENSES		904.
TOTAL TO FORM 9	990-EZ, LINE 16	17,920.
FORM 990-EZ, PA	ART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET	ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN	ON INVESTMENTS	1,499.
FORM 990-EZ, PA	ART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION	BEG. 0	OF YEAR END OF YEAR
CREDIT CARD PAY	YABLE	0. 3,547.
FORM 990-EZ, PA	ART III, PRIMARY EXEMPT PURPOSE - TO FOS	TER AND PARTCIPATE
IN THE PRESERVA	ATION, INTERPRETATION AND WELFARE OF THE	HISTORIC,
ARCHITECTURAL,	SCENIC AND CULTURALLY SIGNIFICANT AREAS	, DISTRICTS,
SITES, STRUCTUE	RES, OBJECTS, ACTIVITIES, TOWNSCAPES AND	LANDSCAPES OF
THE BOROUGH OF	GETTYSBURG AND ADAMS COUNTY, PENNSYLVAN	IA, AND OF THE
GETTYSBURG NATI	ONAL MILITARY PARK, GETTYSBURG NATIONAL	CEMETERY, AND
THE EISENHOWER	NATIONAL HISTORIC SITE, AND TO ENCOURAGE	E THE
APPRECIATION TH	HEROF BY THE GENERAL PUBLIC.	
FORM 990-EZ, PA	ART III, LINE 28, PROGRAM SERVICE ACCOMP	LISHMENTS:
OWNERSHIP, MAIN	TTENANCE AND PRESERVATION OF THE GRAND A	RMY
OF THE REPUBLIC	C (G.A.R.) BUILDING, BUILT IN 1822 IN	
GETTYSBURG, PA.	. IT WAS USED AS A MILITARY HOSPITAL DUR:	ING

Name of the organization

Employer identification number 23-1974727

HISTORIC GETTYSBURG ADAMS COUNTY INC

CURRENTLY USED FOR MEETING SPACE AND HGAC EVENTS. IT ALSO CONTAINS

AND AFTER THE AMERICAN CIVIL WAR BATTLE OF GETTYSBURG IN 1863. IT IS

OFFICES AND DISPLAY SPACE FOR HISTORIC ARTIFACTS.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

THE AWARD-WINNING BARN PRESERVATION PROJECT AND GRANT

PROGRAM CONTINUED TO FUND REPAIRS TO HISTORIC BARNS. THE

GOAL IS TO HELP FUND AS MANY BARN PRESERVATION PROJECTS AS

POSSIBLE AND TO HELP BARN OWNERS BY PROVIDING TECHNICAL ADVICE. ALL

PROJECTS ARE REVIEWED USING TEN CRITERIA CONTAINED IN THE GRANT

GUIDELINES, INCLUDING THE VISIBILITY OF THE BARN TO THE GENERAL PUBLIC,

AGE OF THE BARN, NEED FOR IMMEDIATE REPAIRS AND WHETHER THE WORK WILL

HELP MAINTAIN THE BARN'S HISTORIC CHARACTER. DURING FYE 6/30/2023, HGAC

AWARDED 6 GRANTS FOR A TOTAL OF \$11,500. FROM 2013 TO THE END OF 2023,

HGAC GRANTS TOTALED \$44,000 AND HELPED PRESERVE 30 HISTORIC BARNS. WE

CONTINUED TO EXPAND THE ADAMS COUNTY BARN REGISTRY TO GATHER

INFORMATION ABOUT LOCAL BARNS. OUR CONSULTANT AND VOLUNTEERS SURVEY

EACH REGISTERED BARN. ON 6/30/2023, THE REGISTRY INCLUDED 401 BARNS,

ABOUT 27 PERCENT OF THE HISTORIC BARNS IN ADAMS COUNTY.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

THE INVESTING IN YOUTH INITIATIVE INTRODUCES STUDENTS IN

THE BUILDING TRADES TO CAREER PATHS IN HISTORIC

PRESERVATION AND RESTORATION. DURING 6/30/2023, HGAC

COLLABORATED WITH THE GETTYSBURG FOUNDATION TO CONDUCT INSTRUCTIONAL

ACTIVITIES AT THE HISTORIC GEORGE SPANGLER FARM. HGAC ARRANGES FOR

PROFESSIONAL TIMBER FRAMERS, MASONS AND OTHER ARTISANS TO VOLUNTEER TO

WORK WITH THE STUDENTS. FIFTEEN (15) STUDENTS FROM THE ADAMS COUNTY

Name of the organization

HISTORIC GETTYSBURG ADAMS COUNTY INC

Employer identification number 23-1974727

TECHNICAL INSTITUTE, THEIR INSTRUCTOR AND THE INSTITUTE'S WORKFORCE

DEVELOPMENT OFFICER WORKED UNDER THE TUTELAGE OF THE SKILLED ARTISANS.

IN APRIL 2023, HGAC SPONSORED A FIELD TRIP FOR 26 BUILDING TRADES

STUDENTS TO THE NATIONAL PRESERVATION TRAINING CENTER IN FREDERICK, MD.

HGAC CONTINUED TO PARTNER WITH STUDENTS FROM THE TECHNOLOGY PROGRAM AT

GETTYSBURG AREA HIGH SCHOOL TO CONSTRUCT AND INSTALL REPLACEMENT SIGNS

WHICH IDENTIFY SOME OF THE MANY PRIVATE HOMES AND OTHER BUILDINGS IN

ADAMS COUNTY, PA, THAT SERVED AS HOSPITALS DURING AND AFTER THE BATTLE

OF GETTYSBURG. MANY OF THE EXISTING MARKERS ARE WORN AND IN NEED OF

REPLACEMENT. THE STUDENTS MANUFACTURE THE SIGNS, AND HGAC VOLUNTEERS

INSTALL THEM.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

HGAC OPERATES AN ARCHITECTURAL SALVAGE WAREHOUSE AT THE HISTORIC DANIEL

LADY FARM IN GETTYSBURG TO RECYECLE AND FOSTER APPRECIATION OF VINTAGE

ARCHITECTURAL ELEMENTS. VOLUNTEERS STAFF THE WAREHOUSE TWO (2)

SATURDAYS EACH MONTH FROM APRIL THROUGH OCTOBER, AND AS NEEDED DURING

THE WINTER MONTHS TO ASSIST THOSE WHO WISH TO DONATE OR PURCHASE ITEMS

FROM THE WAREHOUSE.

GRANTS \$ 0. EXPENSES \$ 74.

EACH SATURDAY DURING THE MONTHS OF MAY THROUGH AUGUST, WE OFFER WEEKLY

TOURS OF MCALLISTER'S MILL, A STATION ON THE UNDERGROUND RAILROAD WHICH

ASSISTED PEOPLE ESCAPING SLAVERY BEFORE IT WAS ABOLISHED IN THE UNITED

STATES. APPROXIMATELY 100 PEOPLE PARTICIPATED IN THE PAST YEAR.

Name of the organization	HISTORIC GET	TYSBURG ADA	MS COUNTY	INC	Employer identification number 23-1974727
DOCENTS AT THE	GEORGE SPANGL	ER FARM, SI	TE OF A RI	ESTORED P	ENNSYLVANIA
BANK BARN THAT	WAS USED AS T	HE US ARMY	11TH CORPS	S FIELD H	OSPITAL DURING
THE BATTLE OF G	ETTYSBURG. A	DISPLAY OF	TOOLS AND	ASSOCIAT	ED FARM
MACHINERY, NAIL	S, MODELS OF	rimber join	IERY, INFOI	RMATIONAL	POSTER BOARDS
AND AN ARTCHITE	CTURAL FEATUR	E SCAVENGEF	HUNT FOR	YOUNG PE	OPLE HAVE BEEN
DEVELOPED TO AS	SSIST IN SHARII	NG KNOWLEDG	E AND INS	IGHTS INT	O THE
ARCHITECTURAL E	LEMENTS OF A	PENNSYLVANI	A BANK BAI	RN. THE D	OCENTS ENGAGED
WITH APPROXIMAT	ELY 1,450 VIS	ITORS TO SH	IARE DETAII	LS ABOUT	THE BARN AND
ITS PLACE IN TH	E DAILY LIFE	OF A FARMER	. THE GOAL	L IS TO B	UILD
APPRECIATION FO	R THESE BARNS	AND TO STR	EE THE IM	PORTANCE	OF THEIR
PRESERVATION.					
FORM 990-EZ, PA	ART V, INFORMA	rion regari	ING PERSO	NAL BENEF	TIT CONTRACTS:
THE ORGANIZATIO	N DID NOT, DU	RING THE YE	AR, RECEIV	JE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY,	TO PAY PREMIU	MS ON A PEF	SONAL BENI	EFIT CONT	RACT.
THE ORGANIZATIO	N, DID NOT, D	URING THE Y	EAR, PAY	ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY,	ON A PERSONAL	BENEFIT CO	NTRACT.		