## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	For the	2014 calen	dar year, or tax		beginni	ing Ju.	<u> </u>		, 2014,	and endir	19	Jun	30		, 2015	)	
В	Check if ap	plicable:	C Name of organ	nization	Gett	ysbur	g Monte	essc	ri Char	ter Sc	hoc	1	D Emplo	yer identi	ification nu	ımber	
	Addre	ss change	Doing busines	s as													
	Name	change	Number and st	treet (or P	O. box if	mail is not d	delivered to stre	eet add	ress)	Room	suite		E Teleph	one numb	er		
	Initial	return	120 East	Broa	dway								(71	7) 33	34-11.	20	
	Final re	turn/terminated	City or town, s	tate or pro	vince, co	untry, and Z	IP or foreign po	ostal co	ode								
	Amen	ded return	Gettysbur	a					PA	17325			G Gross	receipts S	\$1,94	4,615	
	Applic	ation pending	F Name and add		incipal off	icer:					H(a)		group retur			Yes	XNo
			Robin Kirkpatr	ick 120	East.	Broady	wav Gett	vsb	ura PA	17325	H(b)	Are all s	ubordinates ttach a list,	included?	?	Yes	No
ī	Tax-exe	mpt status	X 501(c)(3)	501(			(insert no.)		4947(a)(1) or	527		It No, a	ttach a list,	(see instru	ictions)		
J	Websi		tp://www.		-						H(c)	Group e	xemption n	umber -			
K	Form of o	organization:	X Corporation	Trust		Association	Other •			ear of formati	1	2010			gal domicil	e: PA	
_		Summar	1 .									2010			3-1-1-11-1		
		iefly describ	e the organizat	ion's m	ission c	r most si	gnificant ac	ctivitie	es: To	furthe	r ed	ducat.	ional	quali	tv in	Gettv	sburg
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ž																	
E																	
o Ve		eck this bo							or dispose					ssets.			
Activities & Governance			ting members o											3			7
SS			lependent votin											4			6
#			of individuals e											5			25
t			of volunteers (e											6 7a			0
P			d business reve business taxab											7b			0.
_	D NC	t unrelated	business taxab	ie incor	ne non	i i omi se	70-1, III G 5-	- 81	f 1 1000 a				ior Year	_	Cui	rent Ye	
	8 Co	ntributions	and grants (Par	t VIII li	ne 1h).				**********				ioi i cai		Oui	Tent re	
Revenue			ce revenue (Pa									1	,655,	566	1	,944,	615
Ver			come (Part VIII,									1	, 033,	000.		, , , ,	010.
Re			(Part VIII, colu								_						
			- add lines 8 t								_	1	, 655,	666.	1	,944,	615.
			milar amounts p	_							_	/	, 5007				
			to or for member								_						3
			er compensation, employee benefits (Part IX, column (A), lines 5-10)							_	926,149.			1	,349,	433.	
Expenses			undraising fees		-						-		3207	- 13.		10101	
Den			ing expenses (F														
X										0.			150	200			
			es (Part IX, colu								-		473,				214.
			es. Add lines 13								_	1,	,399,		1	,950,	
. 0		evenue less	expenses. Sub	tract lin	e 18 fro	om line 12	2				-		256,2				032.
9 0											В	eginning	g of Curre			d of Yea	
Beel Bala	20 To		Part X, line 16)					7.3			-		611,			,401,	
Net Assets Fund Balanc	<b>21</b> To		(Part X, line 26		100000000000000000000000000000000000000						-	_	189,			,317,	
			fund balances.	Subtrac	ct line 2	1 from lin	ie 20 · · ·						421,	538.		-916,	035.
		Signatur															
Unde	er penalties o	of perjury, I dec	lare that I have examer (other than officer)	nined this is based	return, incon all info	luding accor	mpanying sche	edules an	and statements, v knowledge.	and to the be	st of m	y knowle	edge and be	elief, it is tru	ue, correct,	, and	
_	_	<b>I</b>										-			_		
O: .		Signatur	re of officer				_					Date	e				
Sig	yn To																
пе	re	Type or	print name and title.	_				_									
_			reparer's name		10	Preparer's si	ignature			Date			Charl	:z   1	PTIN	_	
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	eparer	Firm's name											F				
US	e Only	Firm's addre			CK AI	ENUE						_	Firm's EIN	_		2.5	
			Glens						A 1903				Phone no.	(215		1-977	_
May	the IRS	discuss this	s return with the	prepar	rer show	vn above	? (see instr	ructio	ns)						. X Y	es	No

Form	990 (2014) Gettysburg Montessori Charter School	Page 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	****** * * * ***** * *****
1	Briefly describe the organization's mission:	
	To further educational quality in Gettysburg	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ?	Yes X No
	If 'Yes,' describe these new services on Schedule O.	
3	$ \   \text{Did the organization cease conducting, or make significant changes in how it conducts, any program services?}  .  .$	Yes X No
	If 'Yes,' describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others and revenue, if any, for each program service reported.	easured by expenses. s, the total expenses,
4 a	(Code: ) (Expenses \$ 1,448,907. including grants of \$ 0.) (Reve	nue \$ 1,944,616.)
	Gettysburg Montessori School is a charter school which has	
	financial accountability and control over all activities related	
	to the students education.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4 b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4 c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4 d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4 e	Total program service expenses ► 1,448,907.	

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х					
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X				
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			in property				
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X					
t	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X				
(	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X				
C	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х					
€	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	Х					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X				
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х					
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X				
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X					
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X				
19	complete Schedule G, Part III	19		X				
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X				
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		X				

150	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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.	23		X
24 8	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7 701-2and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA			900 /2	

# Form 990 (2014) Gettysburg Montessori Charter School Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	- 5-t 1		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	7,700			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a 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 2a 25			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a 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)?	4 a		Х
- 1	b If 'Yes,' enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			17
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		_
6	a 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?	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a 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?	7 a	T I	X
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
(	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?.	7 e		X
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7 f		X
4	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	- <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,			
	organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			X
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		A
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	12 a		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
•	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in		100	
	which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			V
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b	200 /	2044)

Part VI	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, o Schedule O. See instructions.	or changes in	
Castian	Check if Schedule O contains a response or note to any line in this Part VI.	* * * * * * * * * * * * *	ŧ
Section	A, Governing Body and Management	T <sub>N</sub>	
		Yes	
1 a Ente	er the number of voting members of the governing body at the end of the tax year	7	ı

JE	CHOILA, GOVERNING BODY and Management		. 1							
1	a Enter the number of voting members of the governing body at the end of the tax year   1 a   7	3/2/-	Yes	No						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
	b Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	, , , , , , , , , , , , , , , , , , , ,									
	since the prior Form 990 was filed?	5		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		v						
		/ a		X						
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	a The governing body?	8 a	Х							
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	_						
9										
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)							
			Yes	No						
	a Did the organization have local chapters, branches, or affiliates?	10a		X						
	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.	10 b								
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X							
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X							
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	a The organization's CEO, Executive Director, or top management official	15 a	Х							
	<b>b</b> Other officers or key employees of the organization.	15b	X							
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).									
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X						
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Tou I		A						
	organization's exempt status with respect to such arrangements?	16 b								
Se	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	availab	le							
	Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	e to								
20										
	Management 120 East Broadway Gettysburg PA 17325 (7	17) 3	334-1	120						

Form <b>990</b> (2014)	Gettyshura	Montessori	Charter	School

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any				(C)						
(A) Name and Title	(B) Average hours per	is	dire	an of	ficer : truste	ck mor perso and a e)		Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/ĬŨ99-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Chris Kauffman Vice President	2.00	Х						0.	0.	0
(2) Leslie Strongwater  Member, Teacher		Х						0.	0.	0
(3) Kathy Johnson Member	2.00	Х						0.	0.	0
(4) Ali Morris President		Х						0.	0.	0
(5) Carla Long	2.00	Х						0.	0.	0
(6) Beth Carmichael Secretary	2.00	Х						0.	0.	0
(7) Karen Millar Member	2.00	Х						0.	0.	0
(8) Robin Kirkpatrick CEO	40.00			Х				72,484.	0.	20,007
(9) Avner Dorman Member	2.00	Х						0.	0.	0
(10)										
(11)										
(12)										
(13)						8				
(14)										

Part VII Section A. Officers, Directors, Tr	ustees,	Key	Em		oye C)	es,	and	d Highest Con	npensated Emp	loyees	(continued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted	box	, unle cer ar	Pos heck ss pe	ition more erson i	than o both highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amour comp fro orga and	(F) timated nt of other versation om the nited in related nizations
(15)	line)		*			ated					
1/3/											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total	on A						•	72,484.	0.		20,007.
d Total (add lines 1b and 1c)							eive	72,484. d more than \$100,0	0.00 of reportable cor		20,007. ion
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such it										. 3	Yes No
For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150,	000?	If 'Y	es'	com	olete	Sch	nedule J for	*******	. 4	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'										. 5	X
Section B. Independent Contractors  1 Complete this table for your five highest compensations.	ted indepe	nden	t cor	ntrac	ctors	that	rece	eived more than \$1	00 000 of		
compensation from the organization. Report compe	ensation fo	r the	cale	nda	r yea	ar end	ding	with or within the	organization's tax ye		•1
Name and business add	ess							Description o		Comper	nsation
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited 1	to th	ose	liste	ed abo	ove)	) who received mo	re than		
RAA		TEEAN	100	02/0	0/15		_			Form	990 (2014)

		Check if Schedule O contains a	response or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1 a	Federated campaigns	1a				
an		Membership dues	1b				
S E		Fundraising events	1 c				
fts.		Related organizations	1 d				
ਤੂ ਵੂ		Government grants (contributions)	1e				
Sir	е	Government grants (contributions)	16				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
d d	g	Noncash contributions included in lines 1a-	1f: \$				
මු දි	h	Total. Add lines 1a-1f					
re			Business Code				
el el	2a	Local Sources	900099	5,088.	5,088.	0.	0.
Be	b	State Sources	900099	13,121.	13,121.	0.	0.
9	С	Federal Sources		45,860.	45,860.	0.	0.
ē	d	Food_Service		10,680.	10,680.	0.	0.
Program Service Revenue		rood_service					
ī		Other Revenues		1,869,866.	1,869,866.	0.	0.
Ş		All other program service revenue					
<u>а</u>	_	Total. Add lines 2a-2f		1,944,615.			
		Investment income (including divide other similar amounts)	mpt bond proceeds				
		(i) Re	al (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
		Rental income or (loss) . •					
			100101010 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	u	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	ues (ii) Other				
	b	Less: cost or other basis and sales expenses					
Û	C	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8 a	Gross income from fundraising eve (not including\$					
ě		of contributions reported on line 1c)					
Œ		See Part IV, line 18	а				
Pe	b	Less: direct expenses	b				
5	¢	Net income or (loss) from fundraisir	ng events ▶				
	9 a	Gross income from gaming activitie See Part IV, line 19.	s.				
	b	Less: direct expenses					
		Net income or (loss) from gaming a					
		Gross sales of inventory, less return and allowances	. , a				
		Less: cost of goods sold					
	C	Net income or (loss) from sales of i					
		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	C						
	d	All other revenue	KCK				
	е	Total. Add lines 11a-11d	era				
	12	Total revenue. See instructions		1,944,615.	1,944,615.	0.	0.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). 

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments.  See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors,	100.000		102 000	•
6	trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	103,099.	0.	103,099.	0 ,
7	Other salaries and wages.	766,812.	721,948.	44,864.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	164.071	151 705	12 166	0
•		164,871.	151,705.	13,166.	0.
9	Other employee benefits	247,458.	223,102.	24,356.	0.
10	Fees for services (non-employees):	67,193.	62,950.	4,243.	0.
	Management				
ŀ	Legal	39,669.	0.	39,669.	0.
(	: Accounting	69,096.	0.	69,096.	0.
(	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
-	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion	645.	0.	645.	0.
13	Office expenses	015.		0.10.	
14	Information technology	1,818.	0.	1,818.	0.
15	Royalties	1,010.	0.	1,010.	
16	Occupancy	172,590.	86,295.	86,295.	0.
17	Travel	172,050.	007233.	00,233.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	20,829.	0.	20,829.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
â	Purchased Services	66,102.	62,860.	3,242.	0.
	Equipment	9,817	6,133.	3,684	0.
	Books & Periodicals	63,034	63,034.	0.	0.
	Supplies	15,669.	13,159.	2,510.	0.
e	All other expenses	141,945.	57,720.	84,225.	0.
25	Total functional expenses. Add lines 1 through 24e.	1,950,647.	1,448,906.	501,741.	0.
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).				
BAA		TEEA0110 05/2	18/14		Form <b>990</b> (2014

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	414,309.	1	551,799.
	2	Savings and temporary cash investments		2	· · · · · · · · · · · · · · · · · · ·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	3	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
- 1				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
8	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	58,574.	9	30,969.
	40	Land buildings and aminosoph and an observation	30,371.		
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	44,753.	10 c	38,288.
- 1	11	Investments – publicly traded securities	44,733.	11	30,200.
- 1	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	93,613.	15	780,819.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	611,249.	16	1,401,875.
	17	Accounts payable and accrued expenses.	189,711.	17	239,910.
	18	Grants payable	100,711.	18	237,710.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
0	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	2,078,000.
	26	Total liabilities. Add lines 17 through 25	189,711.	26	2,317,910.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
ĕ		lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	421,538.	27	-916,035.
39	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
80	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
0	33	Total net assets or fund balances.	421,538.	33	-916,035.
Z	34	Total liabilities and net assets/fund balances	611,249.	34	1,401,875.
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Form 990 (2014)	Gettysburg	Montessori	Charter	School
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Pai	t XI	Reconciliation of Net Assets			41-74
		Check if Schedule O contains a response or note to any line in this Part XI.			. X
1	Total	revenue (must equal Part VIII, column (A), line 12)	1,	944,6	315.
2	Total	expenses (must equal Part IX, column (A), line 25)	1,	950,6	547.
3	Revei	nue less expenses. Subtract line 2 from line 1		-6,0	32.
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))		121,5	538.
5	Net u	nrealized gains (losses) on investments			
6	Dona	ted services and use of facilities			
7		tment expenses			
8	Prior	period adjustments	-1,	331,5	541.
9	Other	changes in net assets or fund balances (explain in Schedule O)			
10		ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, in (B))	(	916,0	35.
Pai		Financial Statements and Reporting			
		Check if Schedule O contains a response or note to any line in this Part XII			· 🗆
_		Check if Conedule C contains a response of hote to any line in this hart XIII 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Accou	unting method used to prepare the Form 990:		103	
	If the in Sch	organization changed its method of accounting from a prior year or checked 'Other,' explain ledule O.			
2 2	Were	the organization's financial statements compiled or reviewed by an independent accountant?	. 2 a	1	X
		s,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a ate basis, consolidated basis, or both:			
		Separate basis Consolidated basis Both consolidated and separate basis			
t	Were	the organization's financial statements audited by an independent accountant?	. 21	X	
		s,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:			
	X	Separate basis Consolidated basis Both consolidated and separate basis			
c	If 'Yes	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, v, or compilation of its financial statements and selection of an independent accountant?	. 20	X	
	in Sch	organization changed either its oversight process or selection process during the tax year, explain nedule O.			
3 a	As a r Audit	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?	. 3 a		Х
b	If 'Yes	,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or auc	lits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3 t		
BAA			Forr	990 (	2014)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

	tysburg Montessori Ch						<b>j</b>
	Reason for Public Cha					art.) See instruction	ns.
The c	rganization is not a private foundate						
1	A church, convention of church			ection 17	0(b)(1)(	A)(i).	
2	X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3	A hospital or a cooperative ho	spital service organiza	ation described in section	n 170(b)(	1)(A)(iii)	).	
4	A medical research organization	on operated in conjun-	ction with a hospital desc	ribed in s	section	170(b)(1)(A)(iii). Enter the	ne hospital's
	name, city, and state:						
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P	Part II.)					d in section
6	A federal, state, or local gover	9			" "	,-	40 1 2 2
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)		a governn	nental ui	nit or from the general pu	ıblic described
8	A community trust described in	section 170(b)(1)(A	)(vi). (Complete Part II.)				
9	An organization that normally from activities related to its exinvestment income and unrela June 30, 1975. See section 5	empt functions — subj ted business taxable i <b>09(a)(2).</b> (Complete P	ect to certain exceptions income (less section 511 art III.)	, and (2) tax) from	no more busines	than 33-1/3% of its supposes acquired by the org	port from gross
10	An organization organized and	d operated exclusively	to test for public safety.	See sect	ion 509	(a)(4).	
11	An organization organized and or more publicly supported org lines 11a through 11d that des	anizations described	in section 509(a)(1) or s	ection 5	09(a)(2).	See section 509(a)(3).	
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or ele-					
b	Type II. A supporting organiza management of the supporting must complete Part IV, Section 11.	organization vested i					
C	Type III functionally integrat organization(s) (see instruction	ed. A supporting organs). You must compl	nization operated in con ete Part IV, Sections A,	nection w D, and E	ith, and	functionally integrated w	ith, its supported
d	Type III non-functionally integrated. The organistructions). You must comp	ganization generally m	nust satisfy a distribution				
е	Check this box if the organization integrated, or Type III non-fund	ion received a written	determination from the I	RS that is	з а Туре	I, Type II, Type III functi	onally
f	Enter the number of supported or	ganizations					
g	Provide the following information	about the supported o	rganization(s).				
<i>0.</i>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(A)							
(B)							
(C)							
(D)							
<u>(E)</u>							
Total							

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule <b>A</b> (Form 990 or 990-EZ) 2014	Gettysbu	irg Montesso	ori Charter	School		Page 2
Part II Support Schedule for						(vi)
(Complete only if you checked organization fails to qualify un	nder the tests listed	t below, please co	r if the organization mplete Part III.)	n railed to quality u	nder Part III. If the	
Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
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						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	T. T.					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12 Gross receipts from related activiti	es, etc (see instru	ctions)	NITE E E ECHSE E E	RORORI N. NI. NI. NI. NI. NI.	12	
13 First five years. If the Form 990 is organization, check this box and s						
Section C. Computation of Pu	blic Support F	Percentage				-
14 Public support percentage for 201	4 (line 6, column (	f) divided by line 1	1, column (f))		14	%
15 Public support percentage from 20	13 Schedule A, P	art II, line 14			15	%

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
	Public support percentage from 2013 Schedule A, Part II, line 14		

BAA

16a 33-1/3% support test $-$ 2014. If the organization did not check the box on line 13, and the line	14 is 33-1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization	

b 33-1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%	
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	. — I — Г
the organization meets the racis-and-droumstances test. The organization qualifies as a publicly supported organization	

b 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the
organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2014

	•		0	. , , , ,	
8	Private foundation.	. If the organization did not check a b	oox on line 13, 16a,	16b, 17a, or 17b, check this box and see inst	ructions

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 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 under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge.		-				
	Total. Add lines 1 through 5						
	2, and 3 received from disqualified persons						
b	a 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						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11 and 12.)						
14	First five years. If the Form 990 is organization, check this box and s	for the organization for the o	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 2014	4 (line 8, column (f	) divided by line 13	3, column (f))		15	િક
16	Public support percentage from 20	13 Schedule A, Pa	art III, line 15			16	90
Sec	tion D. Computation of Inv	estment Inco	ne Percentag	е			
17	Investment income percentage for	2014 (line 10c, co	lumn (f) divided by	line 13, column (1	))	17	િ
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 17			18	એ
	a 33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	nis box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	
b	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, or	the organization d	id not check a box stop here. The or	on line 14 or line ganization qualifie	19a, and line 16 is es as a publicly sup	more than 33-1/3%, ported organization	and ▶ ☐
	Private foundation. If the organiz						

Part IV Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	<b>b</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 <b>Part VI</b> when and how the organization	01		
	made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	46	T/S	
	c Did the organization support any foreign supported organization that does not have an IRS determination under	4b		
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a 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 <b>Part VI</b> , including (i) the names and ElN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		V. =
9	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,' provide detail in <b>Part VI</b>	9a		O TE
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c	e matil	BUS
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	10-		
	answer (b) below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		_
C	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	tion 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 <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 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		
Sect	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	. 1		
Sect	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	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		
Sect	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 year (see instruction	ne).		
a		,.		
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).		
2	Activities Test. Answer (a) and (b) 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 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	, , 2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b>	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 <b>Part VI</b> the role played by the organization in this regard	. 3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Novemb tions A	er 20, 1970. <b>See instr</b> i through E.	uctions. All
Sec	ction 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		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion 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):			
	Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		
(	Fair market value of other non-exempt-use assets	1 c		
(	d Total (add lines 1a, 1b, and 1c).	1d		
(	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Type	III supporting organizat	ion
BAA			Schedule A (Fo	orm 990 or 990-EZ) 20

Rai	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of support			
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 Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

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Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Gettysburg Montessori Charter School Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year -\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part III Organizations Maintai	ining Collections	of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check a	any of the following that a	are a significant use of its	collection
a Public exhibition		d Loan o	r exchange programs		
b Scholarly research		e Other			
c Preservation for future generat	ions	_			
4 Provide a description of the organiz Part XIII.	zation's collections and	explain how the	y further the organization	s exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained as p	part of the organia	zation's collection?		Yes No
Escrow and Custodia line 9, or reported an ar				wered 'Yes' to Form	990, Part IV,
1 a Is the organization an agent, truste on Form 990, Part X?			*********	ets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and complete	the following tak	ole:		
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					Yes No
<b>b</b> If 'Yes,' explain the arrangement in					
Part V Endowment Funds. C	omplete if the ora	anization ansv	wered 'Yes' to Form	990, Part IV, line 10	).
	(a) Current year	(b) Prior year	(c) Two years back		(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of	of the current year end	balance (line 1g,	, column (a)) held as:		
a Board designated or quasi-endown	nent ►	010			
<b>b</b> Permanent endowment ▶	90				
c Temporarily restricted endowment	<b>&gt;</b>	%			
The percentages in lines 2a, 2b, an	d 2c should equal 100	%.			
3 a Are there endowment funds not in t	he possession of the o	organization that	are held and administere	ed for the	Ves No
organization by:					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					
<b>b</b> If 'Yes' to 3a(ii), are the related orga					3b
4 Describe in Part XIII the intended u		is endowment tu	nas.		
Complete if the organiz		es' to Form 9	90, Part IV, line 11a	. See Form 990, Par	t X, line 10.
Description of property		or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	X IS CORN X IX				
<b>b</b> Buildings	K 10: 639 34 X K				
c Leasehold improvements	* * * * * *				
d Equipment	¥ 16 8/452 ¥ ¥	61,660.		23,372.	38,288.
e Other					
Total. Add lines 1a through 1e. (Column	(d) must equal Form 9	90, Part X, colum	nn (B), line 10c.)		38,288.
BAA				Schedu	le D (Form 990) 2014

		Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
<u>A)</u>	-	
B)		
C)		
D)		
E)		
(F) G)		
H)		
(1)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) >		
Part VIII Investments - Program Related.		
Complete if the organization answered '	es' to Form 990, P	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(9)		
(10)		
(10)  Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) >		
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX Other Assets.	es' to Form 990, P	Part IV, line 11d. See Form 990, Part X, line 15.
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des	es' to Form 990, P	(b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des  (1) Local Receivables		<b>(b)</b> Book value 96,48
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des  (1) Local Receivables  (2) State Receivables		(b) Book value 96,48 3,00
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables		(b) Book value 96,48 3,00 22,70
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit	scription	(b) Book value 96,48 3,00 22,70 21,49
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi	scription	(b) Book value 96,48 3,00 22,70
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6)	scription	(b) Book value 96,48 3,00 22,70 21,49
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi	scription	(b) Book value 96,48 3,00 22,70 21,49
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9)	scription	(b) Book value 96,48 3,00 22,70 21,49
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)	ons_	(b) Book value 96,48 3,00 22,70 21,49 637,14
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.). >	ons_	(b) Book value 96,48 3,00 22,70 21,49 637,14
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.) >  Part X Other Liabilities.	onsne 15.)	(b) Book value 96,48 3,00 22,70 21,49 637,14
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.) >  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	onsne 15.)	(b) Book value 96,48 3,00 22,70 21,49 637,14
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.) >  Part X Other Liabilities. Complete if the organization answered 'Yes' to Foliation (a) Description of liability	onsne 15.)	(b) Book value 96,48 3,00 22,70 21,49 637,14
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.) >  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo  (a) Description of liability (1) Federal income taxes	ne 15.)	(b) Book value 96, 48 3,00 22,70 21, 49 637, 14  1e or 11f. See Form 990, Part X, line 25
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.) Part X  Other Liabilities. Complete if the organization answered 'Yes' to Fo  (a) Description of liability (1) Federal income taxes (2) Deferred Outflows Related to Pension	ne 15.)	(b) Book value 96,48 3,00 22,70 21,49 637,14  1e or 11f. See Form 990, Part X, line 25
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(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X  Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes (2) Deferred Outflows Related to Pension (3) Net Pension Liability (4) (5) (6)	ne 15.)	(b) Book value 96,48 3,00 22,70 21,49 637,14  1e or 11f. See Form 990, Part X, line 25
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Local Receivables (2) State Receivables (3) Federal Receivables (4) Security Deposit (5) Deferred Outflows Related to Pensi (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X  Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes (2) Deferred Outflows Related to Pension (3) Net Pension Liability (4) (5) (6) (7)	ne 15.)	(b) Book value 96,48 3,00 22,70 21,49 637,14  1e or 11f. See Form 990, Part X, line 25
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Other Assets. Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.).  (a) Description of liability  (b) Cotal. (Column (b) must equal Form 990, Part X, column (B), line 13.).  Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes  (2) Deferred Outflows Related to Pension (3) Net Pension Liability  (4) (5) (6) (7) (8) (9) (10)	ne 15.)	(b) Book value 96,48 3,00 22,70 21,49 637,14  1e or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered 'Yes' to Form (a) Description of liability  (b) Must equal Form 990, Part X, column (B) line 13.).  Other Assets. Complete if the organization answered 'Yes' to Form (a) Description of liability  (c) State Receivables (d) Security Deposit (e) Deferred Outflows Related to Pensimal (G) (fotal. (Column (b) must equal Form 990, Part X, column (B), line (B)  Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (f) Federal income taxes (f) Deferred Outflows Related to Pension (G) (g) Net Pension Liability (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	ons	(b) Book value 96,48 3,00 22,70 21,49 637,14  1e or 11f. See Form 990, Part X, line 25

D	-	~	0	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,944,615.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 5	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2 d		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,944,615.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,944,615.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Return	
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  2 Prior year adjustments  2 Donated Services and Use of Facilities.  2 Donated Services and Use of Facilities.	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses.	Return 1	1,950,647.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d	Return 1	
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1	Return 1	1,950,647.
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Return 1	1,950,647.
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  4 Ab  C Add lines 4a and 4b	1 2e 3	1,950,647.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  4 a b Other (Describe in Part XIII.)  4 b  1 Total expenses per Audited Financial Statements With Expenses per Complete Statements With Expenses per Audited Financial Statements Per Vision Financial Statements Per	1 2e 3	1,950,647.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

### SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No. 1545-0047

Employer identification number

2014

Department of the Treasury Internal Revenue Service

Name of the organization

Gettysburg Montessori Charter School

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

Open to Public Inspection

Pa	rtl			
			YES	NO
1				
	governing instrument, or in a resolution of its governing body?	1	X	
2	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	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			1
	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	X	
	Charter School law prohibits discrimination.			
				1
4	Does the organization maintain the following?			100
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
		7 a	Λ.	_
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4 b	X	
		- 1	Λ	
•	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4 c	X	
	d Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	X	
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	5 a		Х
١	Admissions policies?	5 b		Х
•	Employment of faculty or administrative staff?	5 c		X
	d Scholarships or other financial assistance?	5 d		X
ľ	Todiolatoripo di ottori intariolati applicazione.			Λ
(	Educational policies?	5 e	,	Х
1	f Use of facilities?	5 f		Х
		_		
,	Athletic programs?	5 g		X
1	h Other extracurricular activities?	5 h		X
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.		- 3	Λ
	in you allowed a to the desire, please explain. If you have more epase, ase it are in			
6	Does the organization receive any financial aid or assistance from a governmental agency?	6 a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6 b		Х
	If you answered 'Yes' to either line 6a or line 6b, explain on Part II.			
7				
	4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If	7	37	

Schedule E (Form 990 or 990-EZ) (2014) Gettysburg Montessori Charter School

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

Line 6b As a charter school, the organization has revenues from local, state and federal sources. Line 3 Charter school law prohibits discrimination.

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Gettysburg Montessori Charter School

During the fiscal year ending June 30, 2015, the School was required to implement GASB 68. This accounting standard required the School to report its proportionate share of the net pension liability of the underfunded cost-sharing multi-employer defined benefit pension plan provided by the Commonwealth of Pennsylvania. Each year, the School's proportionate share of the liability will be adjusted. The adjustment will be done in accordance with the accounting standard but will not have an effect on the ongoing cash requirements of the School. Governing documents are available upon request and made available to employees and Board members.

Pt VI, Line 19

Pt XI

Pt VI, Line 15a Board approves all compensation.

Pt VI, Line 15b Pt VI, Line 11b

Board approves all compensation. The prepared Form 990 will be reviewed by the Board before it is filed.

Pt VI, Line 12c

Annual conflict of interest forms are completed.

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