

**Return of Organization Exempt From Income Tax**

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

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2023 calendar year, or tax year beginning , and ending

|  |   |  |  |
|--|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>GETTYSBURG CARES, INC.</b>  |  | <b>D</b> Employer identification number<br><b>46-2294523</b> |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>PO BOX 3814</b> |  | <b>E</b> Telephone number<br><b>717-334-4195</b>             |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>GETTYSBURG PA 17325</b>      |  | <b>F</b> Group Exemption Number                              |
|  |   |  |  |

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I** Website: **WWW.GETTYSBURGCARES.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **104,135**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

|            |  | 1  | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8       | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|---------|---------|----|----|----|----|----|----|----|----|----|----|----|----|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   |   |   |   |    |    |    |    |    |    |    |    |    |    |         | 104,135 |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 2  | Program service revenue including government fees and contracts  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 3  | Membership dues and assessments  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 4  | Investment income  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5a   | Gross amount from sale of assets other than inventory  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5b   | Less: cost or other basis and sales expenses   |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 6  | Gaming and fundraising events:   |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
| b          | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
| c          | Less: direct expenses from gaming and fundraising events   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 7a         | Gross sales of inventory, less returns and allowances  |  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 7b         | Less: cost of goods sold   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 7c         | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 8          | Other revenue (describe in Schedule O)   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 104,135 |         |    |    |    |    |    |    |    |    |    |    |    |    |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 11   | Benefits paid to or for members  |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 12   | Salaries, other compensation, and employee benefits  |   |   |   |    |    |    |    |    |    |    |    |    |    |         | 80,733  |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 13   | Professional fees and other payments to independent contractors  |   |   |   |    |    |    |    |    |    |    |    |    |    |         | 1,200   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 14   | Occupancy, rent, utilities, and maintenance  |   |   |   |    |    |    |    |    |    |    |    |    |    |         | 8,514   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 15   | Printing, publications, postage, and shipping  |   |   |   |    |    |    |    |    |    |    |    |    |    |         | 2,027   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 16   | Other expenses (describe in Schedule O)  |   |   |   |    |    |    |    |    |    |    |    |    |    |         | 19,251  |    |    |    |    |    |    |    |    |    |    |    |    |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 111,725 |         |    |    |    |    |    |    |    |    |    |    |    |    |
| Net Assets | 18   | Excess or (deficit) for the year (subtract line 17 from line 9)  |   |   |   |    |    |    |    |    |    |    |    |    |    |         | -7,590  |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |   |   |   |    |    |    |    |    |    |    |    |    |    |         | 252,080 |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   |   |   |   |    |    |    |    |    |    |    |    |    |    |         |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20   |   |   |   |    |    |    |    |    |    |    |    |    |    |         | 244,490 |    |    |    |    |    |    |    |    |    |    |    |    |

For Paperwork Reduction Act Notice, see the separate instructions.

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 254,674               | 22 | 249,589         |
| 23 Land and buildings  | 0                     | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 0                     | 24 |                 |
| 25 Total assets  | 254,674               | 25 | 249,589         |
| 26 Total liabilities (describe in Schedule O)                                  | 2,594                 | 26 | 5,099           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 252,080               | 27 | 244,490         |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SHELTERS AND ASSISTANCE FOR HOMELESS INDIVIDUALS AND FAMILIES. OTHER ASSISTANCE WITH EMPLOYMENT REFERRALS.

(Grants \$ ) If this amount includes foreign grants, check here  28a 99,696

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a)

32 99,696

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title             | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------|--|---|---|--|
| GEORGE MARGUGLIO<br>TREASURER  | 3.00   | 0   | 0   | 0  |
| PAT ARENDT<br>CHAIR            | 3.00   | 0   | 0   | 0  |
| STACEY GORMAN<br>VICE CHAIR    | 3.00   | 0   | 0   | 0  |
| NANCY LILLEY<br>SECRETARY      | 3.00   | 0   | 0   | 0  |
| CHRISTOPHER FEE<br>DIRECTOR    | 2.00   | 0   | 0   | 0  |
| PASTOR ANDREW GEIB<br>DIRECTOR | 2.00   | 0   | 0   | 0  |
| GINGER RILEY<br>DIRECTOR       | 2.00   | 0   | 0   | 0  |
| NANCY KRAMER<br>DIRECTOR       | 2.00   | 0   | 0   | 0  |
| BILL SHOEMAKER<br>DIRECTOR     | 2.00   | 0   | 0   | 0  |
| KRISTEN WEBER<br>DIRECTOR      | 2.00   | 0   | 0   | 0  |
| JANET SCAPPINI<br>DIRECTOR     | 2.00   | 0   | 0   | 0  |
| KAY WALTERS<br>DIRECTOR        | 2.00   | 0   | 0   | 0  |