Department of the Treasury Under section $501(\mathrm{c}), 527$, or 4947 (a) (1) of the Internal Revenus Code (except black lung
benefit trust or private foundation)

- The organization may have to use a copy of this return to satisfy state reporting requirements.


Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)
1 Contributions, gifts, granis, and similar amounts received:
a Direct public support

| 1 a | $2,127,281$. |
| :---: | :--- |

b Indirect public support

| $\mathbf{1 b}$ |  |
| :--- | :--- |
| $\mathbf{1 c}$ | $1,188,236$ |


2 Program service revenue Including government fees and contracts (from Parl VII, line 93)
3 Membership dues and assessments
4 Interest on savings and temporary cash investments
5 Dividends and interest from securities
6 a Gross rents

b Less: rental expenses
c Net rental income or (loss) (subtract line 5b from line 5a)
7 Other investrment income (describe $\square$ STMT 4
8 a Gross amount from sales of assets other than inventory
(A) Socuritios
b Less: cost or other basis and sales expenses.
c Gain or (loss) (attach schedule) $\qquad$
$883,200,207.8$
$690,324,348.8 \mathrm{~b} \quad 136,008$.
d Net gain or (loss) (combine line Bc, columns (A) and (B)) .
9 Special events and activities (attach schedule). If any amount is from gaming, check here $\square$
a Gross revenue (not including $\$$ $\qquad$ of contributions reported on line 1a)
b Less: direct expenses other than fundraising expenses 9a
c Net income or (loss) from special events (subtract line 90 from Jine 9 )
10 a Gross sales of inventory, less returns and allowances . . STMT. 5.

$1,091,667$.
b Less: cost of goods sold . . . . . . . . . . . . . . . STMT. 6. 10b 753,624.
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) $\qquad$
8d $192,739,851$.

1 Other revenue (from Part VII, line 103)

| $10 c$ | $338,043$. |
| ---: | ---: |
| 11 | $100,743$. |
| 12 | $285,444,420$. |
| 13 | $90,290,436$. |
| 14 | $4,834,256$. |
| 15 | $2,681,146$. |
| 16 |  |
| 17 | $97,805,838$. |
| 18 | $187,638,582$. |
| 19 | $1,578,329,642$. |
| 20 | $-91,625,289$. |
| 21 | $1,674,342,935$. |

## For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)


Part III Statement of Program Service Accomplishments (See the instructions.)
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.


Part IV Balance Sheets (See the instructions.)


## Part IV-A $\begin{gathered}\text { Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the } \\ \text { instructions.) }\end{gathered}$



## Part V Current Officers, Dírectors, Trustees, and Key Employees (List each person who was an officer, director, trustee,

 or key employee at any time during the year even if they were not compensated.) (See the instructions.)| (A) Name anci addrass |  | $\begin{aligned} & \text { (c) Compensation } \\ & \text { (If not paid, enter } \\ & -0 . \text {.) } \end{aligned}$ | (D) Eantributipne to emplope bencfil plana thelerred comperralion pleme | (E) Expense account and other allowances |
| :---: | :---: | :---: | :---: | :---: |
| SEE STATEMENT 20 |  | 934,950. | 337,970. | 9,246. |
| --- |  |  |  |  |
|  |  |  |  |  |
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\section*{| Part V-A | Current Officers, Directors, Trustees, and Key Employees (continued) |
| :--- | :--- |}

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings _-_.-. 47
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule $A$, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT . 29
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
d Does the organization have a written conflict of interest policy?


Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)



| 3 Program service revenue: <br> a TUITION \& FEES |  |
| :---: | :---: |
| b AUXILIARY SERVICES |  |
| c PRESCHOOL FEES |  |
| d FINES, DEPOSITS, ET |  |
| - STUDENT LOANS |  |
| f Medicare/Medicaid payments . . . . . . . . <br> g Fees and contracts from government agencies. |  |
| 94 Membership dues and assessments . . . |  |
| 95 Interest on sauntgs and temporay cash invesiments |  |
| 96 Dividends and interest from securities |  |
| 97 Net rental income or (loss) from real estate a debl-financed property b not debt-financed property |  |
| 98 Net rental income or (loss) from parsonal property <br> 99 Other investment income |  |
|  |  |
| 100 Gain or (loss) from sales of assets outher than liventiont |  |
| 101 Net income or (loss) from special events . |  |
| 102 Gross profit or (loss) from |  |
| 103 O |  |
| b STMT 32 |  |
| ${ }^{6}$. |  |
|  |  |
|  |  |
|  |  |


| Unrelated business income |  | Exeluded by section 512.513, or 514 |  | (E) <br> Related or exempt function income. |
| :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \text { (A) } \\ \text { Busingss code } \end{gathered}$ | $\stackrel{(\mathrm{B})}{\text { Amount }}$ |  | (D) Amount |  |
|  |  |  |  | 41,990,572. |
|  |  | 03 | 9,560,759. |  |
|  |  | 03 | 17,630. |  |
|  |  | 03 | 554,148. |  |
|  |  | 03. | 6,760. |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | 14 | 1,297,447. |  |
|  |  | 14 | $10,441,946$. |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | 16 | -31,584. |  |
|  |  |  |  |  |
|  |  | 14 | 18,112,588. |  |
|  |  | 18 | 192,739,851. |  |
|  |  |  |  |  |
|  |  | 03 | 338.043. |  |
|  |  |  |  |  |
|  | 605,934 |  | -505,191. |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | 605,934 |  | 232,532,397. | 41,990,572. |
| arnount on | Part 1 |  | $.1$ | 275,128,903. |

105 Total (add line 104, columns (B), (D), and (E)) . .............
Note: Line ro5 plus line id, Part !, should equal the amount on line 12, Part i.
Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Ling No. <br> N | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment <br> Of the |
| :--- | :--- |
| $93 A$ | THE ORGANI ZATION IS OPERATED EXCLUSIVELY TO PROVIDE |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) <br> Name, address, and EIN of corporation, partnership, or disregarder entity | (B) <br> Parctantage of ownership intereast | (C) <br> Nature of activities | (D) Total income | $\begin{gathered} \text { (E) } \\ \text { Endofyear } \\ \text { assets } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: |
| StMT 33 | $\%$ |  | 46,655. | 20,096. |
|  | \% |  |  |  |
|  | \% |  |  |  |
|  | \% |  |  |  |

## Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal beneft contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

TRUSTEES OF GRINNELL COLLEGE $\quad 42-0680387$ DESCRIPTION OF PROPERTY
2005 ACTIVITY
工|Yes | No . Did you actively participate in the operation of the activity during the tax year? RENTAL INCOME

## OTHER INCOME

2005 RENT INCOME
TOTAL GROSS INCOME
$71,248$.
OTHER EXPENSES:


## Less Amount to

Rent or Royalty
Depreciation
Deplotion
Investment Interest Expense
Other Expenses
Net Income (Loss) to Others
Net Rant or Royalty lncome (Loss) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
Deduct|ble Rental Loss (If Applicable)
SCHEDULE FOR DEPRECIATION CLAIMED

| (a) Description of property | (b) Cost or unadjusted basis | (c) Date acquired | (d) | $\begin{gathered} (e) \\ \text { Bus. } \\ \% \end{gathered}$ | (i) Basis for depreciation | (9) Depreciation <br> in prior years | (h) Methoc | $\begin{aligned} & \text { (i) Life } \\ & \text { or } \\ & \text { rate } \end{aligned}$ | (i) Depreciation for this year |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |
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| Totals . . . . . . . . |  | . . $\cdot$ | . | . | . . . | . . . . ${ }^{\text {c }}$ | . | . . |  |

- Attach to Form 1041, Form 5227, or Form 990-T. See the separate Treasur instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Employer Identification number

42-0680387

TRUSTEES OF GRINNELL COLLEGE
Note: Form 5227 filers need to complete ondy Parts I and II
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less


## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year



Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines $14 a$ and 15, column (2), are net gains, go to Part V, end do not complete Part IV. If line 15, column (3), is a net loss, complele Part $W$ and the Caplal Loss Carryover Worksheet, as necessary.
For Paperwork Reduction Act Notice, se日 the Instructions for Form 1041.
Schedule D (Form 1041) 2005

## PartIV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of:
a The loss on line 15 , column (3) or
b $\$ 3,000$


If the loss on line 15, column (3) is more then $\$ 3,000$, or if Form 1041, page 1, line 22, is a loss, complete the Capital Lass Carryover Worksheet on page 37 of the instructions to determine your capital loss caryover.
Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line $2 \mathrm{~b}(2)$, and Form 1041, line 22 is more than zero.)
Note: If line 14b, column (2) or line 140. column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.


Schedule D (Form 1041) 2005



Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$ $\$ 50,000$ |  | (b) Type of service | (c) Compersetion |
| :---: | :---: | :---: | :---: |
| SEE STATEMENT 34 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total number of others receiving over $\$ 50,000$ for professional services | 7 |  |  |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)


## Part III. Statements About Activities (See page 2 of the instructions.)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opirlon on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities $>\$$ $\qquad$ (Must equal amounts on line 38 , Part VI-A, or line $i$ of Part VI-B.), Organizations that made an election under section $501(\mathrm{~h})$ by filing form 5768 must complete Part Vi-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detaited statement explaining the transactions.)
a Sale, exchange, or leasing of property?
b Lending of monay or other extension of credit?
c Furnishing of goods, services, or facillies? STMT. 36
d Payment of compensation for payment or reimbursement of expenses if more than $\$ 1,000$ ? . .SEE . 990. PART V.
e Transfer of any part of its income or assets?
. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
3a Do you make grants for scholarships, fellowships, student loans, etc.? (if "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . STMT . 37
b Do you have a section 403(b) annuily plan for your employees?
c During the year, did the organization receive a contribution of qualified real property interest under section $170(\mathrm{~h})$ ?
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?
b Do you provide credit counseling, debt management. credil repair, or debt negotiation services?


## Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicabie box.)


A church. convention of churches, or association of churches. Section $170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{O})$.
X A school. Section $170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{il})$. (Also complete Par V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A Federal, state, or local government or governmental unit. Section $170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{v})$.
A medical research organization operated in conjunction with a hospital. Section $170(\mathrm{~b})(1)(\mathrm{A})($ iii). Enter the hosplal's name, city, and state
10
An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).
(Also complete the Support Schedule in Part |V-A.)
$11 \mathrm{a} \square$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Aso complete the Support Schedule in Part IV-A.)
11b
12
A community trust. Sectien 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
An organization that normally receives: (1) more than $331 / 3 \%$ of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than $331 / 3 \%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired
$\square$ by the organization after June 30, 1975. See section 509 (a)(2). (Also cornplete the Support Schedule in Part IV-A)
13
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5). or (6). it they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: $\quad \square$ Type $1 \quad \square$ Type $2 \quad \square$ Type 3

$$
\text { Provide the following information about the supported organizations. (See page } 6 \text { of the instructions.) }
$$

(a) Name(s) of supported organization(s)
(b) Line number
from above

| (a) Name(s) of supported organization(s) |
| :--- |
|  |

$14 \square$ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)


27 Organizations described on line 12：a For amounis included in lines 15，16，and 17 that were received from a＂disquallfied pergon，＂prepare a list for your records to show the mame of，and total amounts recelved in each year from，each＂disqualified person．＂ Do not file this Ilst whth your return．Enter the sum of such amounts for each year；

## NOT APPLICABLE

（2004） $\qquad$ （2003）
（2002）
（2001）
－－ー－ーーーーー－ー－ー－
b For any amount included in line 17 that was received from each person（other than＂disquallied persons＂），prepare a list for your records to show the name of，and amount received for each year，that was more than the larger of（1）the amount on line 25 for the year or（2）$\$ 5,000$ ． （include in the list organizations described in lines 5 through 11，as well as individuals．）Do not flle thla liat with your return．After computing the difference between the amount received and the larger amount described in（1）or（2），enter the sum of these differences（the excess amounts）for each year：
（2004）
（2003）
（2002）
（2001）


16
17 ＿＿ 2
20
21
d Add：Line 27a total． $\qquad$ and line 27b total

a Public support（line 27 c total minus line 27 d total）
f Total support for section 509（a）（2）test：Enter amount from line 23，column（e）
e）．．．．．．．．．．+27 If
$g$ Public support percentage（line $27 e$（numerator）divided by Ine $27 f$（denominator））
 28 Unusual Grants：For an organization described in line 10，11，or 12 that recelved any unusual grants during 2001 through 2004. prepare a list for your records to show，for each year，the name of the contributor，the date and amount of the grant，and a brief description of the nature of the grant．Do not flle this list writh your returm．Do not include these grants in line 15.

## Part V Private School Questionnaire (See page 7 of the instructions.)

 (To be completed ONLY by schools that checked the box on line 6 in Part IV)29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
30 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?
31 Has the organization publicized its raciaily nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
If "Yes," please describe; if "No," please explain, (If you need more space, attach a separate statement.)
AN_INTERNATIONAL_STUDENT_BODY_IS_SERVED_BY_GRINNELL_COLIEGE, THEREEORE MEDIA ADVERTISING IS IMPRACTICAI. HOWEVER, AIL RECRUITMENT IITERATURE CONTAINS A STATEMENT OE OUR_NON_DISCRIMINATION_POLICY.

32 Does the organization maintain the following:
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain, (If you need more space, attach a separate statement.)
$\qquad$
33 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?
Admissions policies?

Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracufricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)
$\qquad$
$\qquad$
$\qquad$
34 a Does the organization receive any financial aid or assistance from a governmental agency?
STMT 38.
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statememt.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

|  | Yes | No |
| :---: | :---: | :---: |
| 29 | X |  |
| 30 | X |  |
| 31 | X |  |
| 32a | X |  |
| 32b | X |  |
| 32 c | X |  |
| 32d | X |  |
| 33a |  | X |
| 33b |  | X |
| 33 c |  | X |
| 330 |  | X |
| 33 e |  | X |
| 33f |  | X |
| 33g |  | X |
| 33 h |  | X |
| 34a | X |  |
| 346 |  | X |
| 35 | X |  |


|  | Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONL.Y by an eligible organization that filed Form 5768) wom appin |  |
| :---: | :---: | :---: |
| ck | Check |  |

## Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)
37 Total lobbying expenditures to influence a legislative body (direct lobbying)
38 Total lobbying expenditures (add knes 36 and 37 ).
39 Other exempt purpose expenditures
40 Total exempt purpose expenditures (add lines 38 and 39)

|  | $\begin{aligned} & \text { (a) } \\ & \text { Affilited group } \\ & \text { total } \mathrm{s} \end{aligned}$ | (b) <br> $\begin{array}{l}\text { To be completed } \\ \text { for ALL electing }\end{array}$ for ALL electingorganizations |
| :---: | :---: | :---: |
| 36 |  |  |
| 37 |  |  |
| 38 |  |  |
| 39 |  |  |
| 40 |  |  |
| 41 |  |  |
| 42 |  |  |
| 43 |  |  |
| 44 |  |  |

Caution: if there is an amount on either line 43 or line 44 you must file Form 4720.

## 4-Year Averaging Period Under Saction 501(h)

(Some organizations that made a section 501 (h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 11 of the instructions.)

|  | Lobbying Expenditures During 4-Year Averaging Period |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar year (or fiscal year beginning in) | $\begin{gathered} \text { (a) } \\ 2005 \\ \hline \end{gathered}$ | $\begin{gathered} \text { (b) } \\ 2004 \end{gathered}$ | $\begin{gathered} \text { (c) } \\ 2003 \end{gathered}$ | $\begin{gathered} \text { (d) } \\ 2002 \end{gathered}$ | (e) <br> Total |
| Lobbying nontaxable <br> 45 amouni . . . . . . . . |  |  |  |  |  |
| Lobbying ceiling amount <br> 46 ( $150 \%$ of line $45(e)$ ) . . |  |  |  |  |  |
| 47 Total lobbying expenditures |  |  |  |  |  |
| Grassroots nontaxable <br> 48 amount $\qquad$ |  |  |  |  |  |
| Grasspots ceiling amount <br> 49 ( $150 \%$ of line $48(9)$ ) ... |  |  |  |  |  |
| Grassroats lobbying <br> 50 expenditures. |  |  |  |  |  |

## Part VI-B Lobbying Activity by Nonelecting Public Charities <br> NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)
During the year, did the organization attempt to influence national. state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:
a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines $\mathbf{c}$ through $\mathbf{h}$.)
c Media advertisements

| Yes | No | Amount |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

d Mailings to members, legislators, or the public.

- Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
$g$ Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h ).
If "Yes" to any of the above, also attach a statement giving a detailed cescription of the lobbying activities.


## Part VII <br> Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501 (c)(3) organizations) or in section 527 , relating to political organizations?
a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash
(ii) Other assets

|  | Yes | No |
| :---: | :---: | :---: |
| $\mathbf{5 1 a}(\mathrm{i})$ |  | $X$ |
| $\mathbf{a}(\mathrm{ii)}$ |  | $X$ |
|  |  |  |
| $\mathbf{b}(\mathrm{i})$ |  | $X$ |
| $b(i i)$ |  | $X$ |
| $b(i i i)$ |  | $X$ |
| $b(i v)$ |  | $X$ |
| $b(v)$ |  | $X$ |
| $b(v i)$ |  | $X$ |
| $c$ |  | $X$ |

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services recejved:

| (a) <br> Line no. | (b) <br> Amount involved | (c) <br> Name of noncharitable exampt organization | (d) <br> Description of trenslera, transactions, and sharing arangemente |
| :---: | :---: | :---: | :---: |
| N/A |  |  |  |
|  |  |  |  |
|  |  |  |  |
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527 ?
b If "Yes," complete the following schedule:

| (a) <br> Name of organization | (b) <br> Type of organization | (c) <br> Description of relationship |
| :---: | :---: | :---: |
| GRINNELI MEDICAL | 501 ¢ 9 | COMMON BOARD MEMBERS- SEE FORM |
| BENEFIT PLAN TRUST |  | 990, ITEM 80 |
|  |  |  |
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|  |  |  |
| ISA |  | Schedule A (Form 990 or 990-EZ) 2005 |

## SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

#  

OTHER INCOME

2005 RENT INCOME
71,248.
71,248.
OTHER DEDUCTIONS

2005 RENTAL EXPENSES
102,832.
102,832.
ㅍ=========

RENT AND ROYALTY SUMMARY


PROPERTY
--------

2005 ACTIVITY
TOTALS

TOTAL DEPLETION/
INCOME DEPRECIATION

## ALLOWABLE

 NET INCOME
## OTHER EXPENSES



FORM 990, PART I - OTHER INVESTMENT INCOME


| DESCRIPTION | AMOUNT |
| :---: | :---: |
| ROYALTIES | 862,581. |
| NON-MARKETABLE EQUITY INCOME | 17,172,363. |
| LIFE INSURANCE | 17,436. |
| NOTE RECEIVABLE INCOME | 21,260. |
| OTHER | 38,948. |
| TOTAL | 18,112,588. |

FORM 990，PART I－GROSS SALES LESS RETURNS AND ALLOWANCES

DESCRIPTION
AMOUNT

BOOKSTORE SALES
TOTAL
1，091，667．
1，091，667． ニニニーツーニニニニニ
FORM 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR ..... 245,606.
PURCHASES ..... 810,674.
SALARIES AND WAGES OTHER COSTS
SUBTOTAL 1,056,280.
COST OF GOODS SOLD ..... 753,624.

FORM 990，PAR＇T I－OTHER DECREASES IN FUND BALANCES


DESCRIPTION
－－－－－－－－－－－－

CHANGE IN VALUE OF SPLIT INT．AGREEMENT UNREALIZED LOSS ON INVESTMENTS

AMOUNT
－ーーーー

88，65日． 91，536，631． －－－－－－－－－－－－ 91，625，289．


FORM 990，PART II，LINE 25 －OFFICER COMPENSATION SCHEDULE


OFFICER NAME AND TYPE OF COMPENSATION

RUSSELL K．OSGOOD COMPENSATION ：

JAMES E．SWARTZ
COMPENSATION：

SUSAN M．SCHOEN
COMPENSATION：

TOTALS

MANAGEMENT
AND GENERAL
－ーーーーーーーーーー
$425,200$. $187,910$.

77，000．
－ーーーー－ー－ー－ー－
$690,110$.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: INSTITUTIONAL LOAN PROGRAMS
BEGINNING BALANCE DUE

$$
1,642,315 .
$$

ENDING BALANCE DUE

$\qquad$
BORROWER: DONOR SPONSORED LOAN PROGRAMS
BEGINNING BALANCE DUE ..... 641,045.
ENDING BALANCE DUE ..... 653,810.
BORROWER: PERKINS LOAN PROGRAM
BEGINNING BALANCE DUE ..... 4,531,279.
ENDING BALANCE DUE ..... 4,557,714.TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE6,814,639.===============
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES

FORM 990, PART IV - INVESTMENTS - SECURITIES
$========\pi===================================$

DESCRIPTION

SHORT-TERM INVESTMENTS
US GOVT AGENCY NOTES \& BONDS
CORPORATE \& OTHER BONDS
MARKETABLE EQUITY INTERESTS
TOTALS

| ENDING |
| :---: |
| BOOK VALUE |
| 175,071,472. |
| 123,400,870. |
| 35,748, 364. |
| 623,779,877. |
| 958,000,583. |

FORM 990，PART IV－INVESTMENTS－OTHER


DESCRIPTION

NOTES RECEIVABLE
OTHER
NON－MARKETABLE EQUYTY INTEREST
LIFE INSURANCE

ENDING
BOOK VALUE
－－－－－－－－－－

372，916．
122，114．
602，292，344． 262，050．
－－－－－－－－－－－－－－－－ $603,049,424$.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES


DESCRIPTION

SERIES 2001 VAR. RATE BONDS
50,000,000.
TOTALS
ENDING
---"-------

# FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE <br>  

LENDER: ANNUITIES PAYABLE

ENDING BALANCE DUE . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 8 8,129, 046.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

8,585,642.
=ェ=============
8,129,046.

DESCRIPTION

DEPOSITS HELD IN CUSTODY
TOTALS

ENDING BOOK VALUE
－ーーーー－ー－－－
$2,622,579$.
$2,622,579$ ．

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS


## DESCRIPTION

BOOKSTORE COST OF GOODS SOLD LOSS ON DISPOSAL OF PROPERTY

TOTAL
-753,624.
-136,008.
-889,632.

DESCRIPTION

BOOKSTORE COST OF GOODS SOLD LOSS ON DISPOSAL OF PROPERTY

TOTAL

AMOUNT
------

753,624.
136,008.
889,632.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

## 




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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
```



## NAME AND ADDRESS

```
GRINNELL, IA 50112
```

VERNON E. FAULCONER
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
FLORENCE FEARRINGTON
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112

LAURA M. FERGUSON TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112

JUDSON E, FIEBIGER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112

PATRICIA FINKELMAN
TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112

HAROLD W. FUSON, JR.
TREASURER'S OFEICE
GRINNELL COLLEGE
GRINNELL, IA 50112

TITLE AND TIME
DEVOTED TO POSITION
COMPENSATION

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE
NONE

NONE

NONE
NONE

NONE

NONE

TRUSTEE

TRUSTEE

| CONTRIBUTIONS | EXPENSE ACCT |
| :---: | :---: |
| TO EMPLOYEE | AND OTHER |
| BENEFIT PLANS | ALLOWANCES |
| $-----------~$ |  |
| NONE |  | NONE

NONE N

NONE
NONE
NONE
NONE

NONE
NONE

NONE
NONE

NONE
NONE


NAME AND ADDRESS
TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112

TODD C. LINDEN
TREASURER'S OFEICE
GRINNELL COLLEGE
GRINNELL, IA 50112
CAROLINE H. LITTLE
TREASURER'S OFEICE
GRINNELL COLLEGE
GRINNELI, IA 50112
FRED A. LITTLE
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
ANDREW W. LOEWI
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELI, IA 50112
JAMES H. LOWRY
TREASURER'S OFEICE
GRINNELL COLLEGE
GRINNELL, IA 50112
SUSAN HOLDEN MCCURRY
TREASURER'S OFFICE
GRINNFILI COIITEGE

TITLE AND TIME
DEVOTED TO POSITION
--------------

TRUSTEE
NONE

NONE

NONE
TRUSTEE
TRUSTEE
NONE

CONTRIBUTIONS TO EMPLOYEE

EXPENSE ACCT AND OTHER BENEFIT PLANS ALLOWANCES

```
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```

NONE
NONE
NONE
NONE
TRUSTEE

NONE
NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES


## NAME AND ADDRESS

GRINNELL, IA 50112
DR. RANDALL MORGAN, JR.
TREASURER'S OFEICE
GRINNELL COLLEGE
GRINNELL, IA 50112
ROBERT C. MUSSER
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
GREGG NARBER
TREASURER'S OFFICE
GRINNELI COLLEGE
GRINNELL, IA 50112
PATRICIA MEYER PAPPER
TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112

JOHN R. PRICE
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
RONALD B. H. SANDLER
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112

TITLE AND TIME
DEVOTED TO POSITION

TRUSTEE

TRUSTEE

TRUSTEE

COMPENSATION

NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT AND OTHER

NONE

NONE

NONE

NONE
NONE


| TRUSTEES OF GRINNELL COLLEGE |  | 42-0680387 |  |  |
| :---: | :---: | :---: | :---: | :---: |
| FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES |  |  |  |  |
| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
| TREASURER'S OFFICE |  |  |  |  |
| GRINNELL COLLEGE |  |  |  |  |
| GRINNELL, IA 50112 |  |  |  |  |
| DAVID WHITE | TRUSTEE | NONE | NONE | NONE |
| TREASURER'S OFFICE N M M |  |  |  |  |
| GRINNELL COLLEGE |  |  |  |  |
| GRINNELL, IA 50112 |  |  |  |  |
| HENRY T. WINGATE | TRUSTEE | NONE | NONE | NONE |
| TREASURER'S OFFICE |  |  |  |  |
| GRINNELL COLLEGE |  |  |  |  |
| GRINNELL, IA 50112 |  |  |  |  |
| EX OFFICIO |  | NONE | NONE | NONE |
| MARYILYN J. MUSSER | TRUSTEE |  |  |  |
| TREASURER'S OFFICE |  |  |  |  |
| GRINNELL COLLEGE |  |  |  |  |
| GRINNELL, IA 50112 |  |  |  |  |
| EC OFFICIO |  | NONE | NONE | NONE |
| DR. MICHAEL G. ISON |  |  |  |  |
| TREASURER'S OFFICE |  |  |  |  |
| GRINNELL COLLEGE |  |  |  |  |
| GRINNELL, IA 50112 |  |  |  |  |
| CHARLES B. BEAR | TRUSTEE | NONE | NONE | NONE |
| TREASURER'S OFFICE |  |  |  |  |
| GRINNELL COLLEGE |  |  |  |  |
| GRINNELL, IA 50112 |  |  |  |  |
| RICHARD W. BOOTH | TRUSTFF | NONE | NONE | NONE |


| TRUSTEES OF GRINNELL COLLEGE |  | 42-0680387 |  |  |
| :---: | :---: | :---: | :---: | :---: |
| FORM 990, PART V-A - CURRENT OFEICERS, DIRECTORS, AND TRUSTEES |  |  |  |  |
| NAME AND ADDRESS | TITLE AND TIME <br> DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
| TREASURER'S OFFICE GRINNELI COLLEGE GRINNELL, IA 50112 |  |  |  |  |
| DAVID B. BRAMAN TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112 | TRUSTEE | NONE | NONE | NONE |
| NORDAHL L. BRUE <br> TREASURER'S OFEICE <br> GRINNELL COLLEGE <br> GRINNELL, IA 50112 | TRUSTEE | NONE | NONE | NONE |
| RUSSELL K. OSGOOD GRINNELL COLLEGE GRINNELL, IA 50112 | PRESIDENT $60$ | 425,200. | 113,561. | 531. |
| DAVID S. CLAY GRINNELL COLLEGE GRINNELL, IA 50112 | VP \& TREASURER $60$ | $244,840$. | 165,553. | 8,715. |
| JAMES E. SWARTZ <br> GRINNELL COLLEGE <br> GRINNELL, IA 50112 | VP ACADEMIC AFFAIRS 60 | 187,910. | 36,073. | NONE |
| SUSAN M. SCHOEN GRINNELL COLLEGE GRINNELL, IA 50112 | SECRETARY $50$ | 77,000. | 22.783. | NONE |
|  | GRAND TOTALS | 934,950. | 337.970. | 9, 246. |
| 4YQOXV A271 | V05-8 |  | STAT | MENT 28 |

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FORM 990, PART V-A RELATIONSHIP SCHEDULE
```



RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:
NAME OF RELATED BUSINESS:
TITLE OR ROLE:
RELATIONSHIP:
NAME OF OFFICER, DIRECTOR, ETC: NAME OF RELATED BUSINESS:

TITLE OR ROLE: RELATIONSHIP:

CAROLINE H. LITTLE
FRED A. LITTLE
TRUSTEES OF GRINNELL COLLEGE TRUSTEE
DAUGHTER
FRED A. LITTLE
CAROLINE H. LITTLE
TRUSTEES OF GRINNELL COLLEGE TRUSTEE
FATHER
FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

```

```

NAME AND ADDRESS
FRANK THOMAS
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
FRANK THOMAS IS A FORMER SECRETARY OF THE COLLEGE AND IS CURRENTLY
EMPLOYED AS A SENIOR COUNSELOR.
GEORGE A. DRAKE
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
GEORGE DRAKE IS PRESIDENT EMERITUS AND PROFESSOR EMERITUS OF HISTORY.
CHARLES L. DUKE
70,739.
19,851.
NONE
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
CHARLES DUKE IS THE FORMER DEAN OF THE COLLEGE AND IS A PROFESSOR OF
PHYSICS-SENIOR FACULTY STATUS.
WALDO WALKER NONE NO NO. NO. NON
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
WALDO WALKER IS THE FORMER TREASURER OF THE COLLEGE AND IS A PROFESSOR

| CONTRIBUTIONS | EXPENSE ACCT |
| :---: | :---: |
| TO EMPLOYEE | AND OTHER |
| BENEPIT PLANS | ALLOWANCES |
| $57,115$. | NONE |
| - |  |
| $2,396$. | NONE |

39,872.
2,396.
NONE
CHARLES L. DUKE
TREASURER'S OFFICE
GRINNELL COLLEGE
GRINNELL, IA 50112
CHARLES DUKE IS THE FORMER DEAN OF THE COLLEGE AND IS A PROFESSOR OF
PHYSICS-SENIOR FACULTY STATUS.

WALDO WALKER

```

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES


\section*{NAME AND ADDRESS}

EMERITUS OF BIOLOGY.

GRAND TOTALS
236,511.
81,192.
NONE
FORM 990, PART VII - OTHER REVENUE


DESCRIPTION

INDIRECT COST RECOVERY
PARKING
UBTI FROM PARTNERSHIPS

TOTALS

BUSINESS
CODE
－－－－

900000
900000
605，934．

605,934 ．

EXCLUSION

\section*{CODE}

21
03

RELATED OR EXEMPT FUNCTION INCOME
AMOUNT

75，948．
\(24,795\).
\(-605,934\).
－505， 191.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES


SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.


NAME AND ADDRESS

HOLABIRD \& ROOT, LLC 300 WEST ADAMS STREET CHICAGO, IL 60606

PELLI CLARKE PELLI ARCHITECTS
1056 CHAPEL STREET
NEW HAVEN, CT 06510
RUANE, CUNNIFF \& GOLDFARB INC
767 FIFTH AVENUE
NEW YORK, NY 10153
SOUTHEASTERN ASSET MANAGEMENT, INC INVESTMENT MANAGER 2,093,860.
6410 POPLAR AVENUE
MEMPHIS, TN 38119
PACIFIC FINANCIAL RESEARCH
9601 WILSHIRE BLV
BEVERLY HILLS, CA 90210

TYPE OF SERVICE

ARCHITECTURE

ARCHITECTURE

INVESTMENT MANAGER 2,511,289.

INVESTMENT MANAGER
919,775.

TOTAL COMPENSATION
\(6,127,534\).

NAME AND ADDRESS

NEUMANN BROTHERS, INC. 1435 OH:IO STREET
DES MOINES, IA 50305
THE WEITZ COMPANY 1065 SIERRA COURT NE CEDAR RAPIDS, IA 52402

NORTHERN TRUST
50 SOUTH LASALLE STREET CHICAGO, IL 60603

HAWKEYE STAGES
703 DUDIEY STREET DECORAH, IA 52101
\begin{tabular}{lr} 
TYPE OF SERVICE & COMPENSATION \\
CONST. CONTRACTOR & \(514,409\). \\
CONST. CONTRACTOR & \(204,075\). \\
CUSTODIAN & \(203,781\). \\
GRND TRANSP PROVIDER & \(123,720\).
\end{tabular}

GRND TRANSE PROVIDER 123,720.

TOTAL COMPENSATION

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

PRESIDENT IS REQUIRED TO LIVE IN COLLEGE-OWNED HOUSING.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A


STUDENTS RECEIVING SCHOLARSHIPS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAI NEED AND OTHER SIMILAR STANDARDS.

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A


FINANCIAL AID IS RECEIVED FOR PEL亡 GRANTS, SEOG, AND WORK STUDY FOR STUDENTS. THE COLLEGE ALSO RECEIVES FUNDS FOR NSE GRANTS.```

