Form	9	9	0
I OITH	-	-	-

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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



Inspection

	r the 2	200 <u>5 calendar year, or tax year beginning</u> 07/01, 2005	<u>, and ending</u>	0.0	<u>6/30/2006</u>
	k if applica	······		DE	Employer Identification number
	Address change	ase IRS TRUSTEES OF GRINNELL COLLEGE		42	2-0680387
_	Name cha		Room/suite	Εl	felephone number
4	Initial retu	n type. See			
_	Final retur	Specific 733 BROAD STREET, ACCOUNTING			541)269-3500
	Amended return	Instruc- City or town, state or country, and ZIP + 4		FA	recounting Cash X Accrua
	Applicatio pending	GRINNELL, IA SUIIZ-1690			Other (specify)
					le to section 527 organizations.
			a) is this a group	o netu	m for affiliates?
			b) If "Yes," enter	rnum	ber of affiliates
Or	ganizat	ion type (check only one) ► X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527 H(c) Are all affiliate		
Cr	leck her	e 🕨 🛄 if the organization's gross receipts are normally not more than \$25,000. The 🛛 🕂	(If "No," attack 1) Is this a separat		t. See instructions.)
org	gan izati	on need not file a return with the IRS; but if the organization chooses to file a return, be	•		by a group ruing? Yes X No
su	re to fil	e a complete return. Some states require a complete return.	Group Exemp	tion N	lumber 🕨
		· · · · · · · · · · · · · · · · · · ·	I Check 🕨		if the organization is not required
_		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 976, 761, 232.		B (F	orm 990, 990-EZ, or 990-PF).
rt	L R	evenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	ictions.)		
	1	Contributions, gifts, grants, and similar amounts received:			
			127,281.		
		Indirect public support			1
	С	Government contributions (grants)	188,236.		
	d		<u>2,414.</u>)	1d	10,315,517
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	52,129,869
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	1,297,447
	5	Dividends and interest from securities		5	10,441,946
		Gross rents	71,248.		
			102,832.		
	C	Net rental income or (loss) (subtract line 6b from line 6a)		6c	-31,584
	7	Other investment income (describe STMT_4)	7	18,112,588.
		Gross amount from sales of assets other (A) Securities (B) Other	er		
1		than inventory			
			136,008.		
			136,008.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	· · <u>· · ·</u> · · ·	8d	192,739,851.
	9	Special events and activities (attach schedule). If any amount is from garning, check here			
		Gross revenue (not including \$ of			
		contributions reported on line 1a)		!	
		Less: direct expenses other than fundraising expenses			
		Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
		Gross sales of inventory, less returns and allowances STMT. 5, 10a 1,			
- 1			753,624.		
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10			338,043.
				11	100,743
	11	Other revenue (from Part VII, line 103)			
	11 12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	285,444,420.
	11 <u>12</u> 13	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<u></u>	12 13	285,444,420. 90,290,436
	11 <u>12</u> 13 14	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<u></u>	12 13 14	285,444,420. 90,290,436. 4,834,256.
	11 <u>12</u> 13 14 15	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<u></u>	12 13 14 15	285,444,420. 90,290,436. 4,834,256.
	11 <u>12</u> 13 14 15 16	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<u></u>	12 13 14 15 16	285,444,420. 90,290,436. 4,834,256. 2,681,146.
	11 12 13 14 15 16 17	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<u> </u>	12 13 14 15 16 17	285,444,420. 90,290,436. 4,834,256. 2,681,146. 97,805,838.
	11 12 13 14 15 16 17 18	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	· · · · · · · · · · · · · · · · · · ·	12 13 14 15 16 17 18	285,444,420. 90,290,436. 4,834,256. 2,681,146.
	11 12 13 14 15 16 17 18 19	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	· · · · · · · · · · · · · · · · · · ·	12 13 14 15 16 17 18 19	285,444,420. 90,290,436. 4,834,256. 2,681,146. 97,805,838.
	11 12 13 14 15 16 17 18 19 20	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 13 14 15 16 17 18 19 20	285,444,420. 90,290,436. 4,834,256. 2,681,146. 97,805,838. 187,638,582.

JSA 5E1010 2 000

	m 990 (2005) art II Statement of All o	manizatio	ne must complete colu	42-06 nn (A). Columns (B), (C), a	80387	Page
E		izations	and section 4947(a)(1)	nn (A). Columns (B), (C), a nonexempt charitable trus	nd (D) are required for se is but optional for others.	ction 501(c)(3) and (4 (See the instructions.
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22				36771003	and general	
	(cash \$ 22,027,130, noncash \$ If this amount includes foreign grants,	22	22,027,130.	22,027,130.	STMT 8	
3	Specific assistance to individuals (attach schedule)	23				
4		24			1	STMT 9
15	Compensation of officers, directors, etc	25	690,110.		690,110.	SIMI 9
6	Other salaries and wages	26	32,889,522.	29,578,978.	1,960,400.	1,350,144
7	Pension plan contributions	27	2,926,217.	2,570,712.	234,181.	121,324
8	Other employee benefits	28	5,507,237.	4,844,226.	425,975.	237,036
9	Payroll taxes	29	2,275,735.	2,024,932.	157,367.	93,436
0	Professional fundraising fees	30				
1	Accounting fees	31	72,105.		72,105.	
2	Legal fees	32	109,883.	13,402.	85,701.	10,780
3	Supplies	33	1,344,503.	1,282,157.	27,921.	34,425
4	Telephone	34	197,492.	164,460.	14,652.	18,380
5	Postage and shipping	35	485,745.	384,469.	17,986.	83,290
6	Occupancy	36	5,513,293.	5,385,771.	81,924.	45,598
7	Equipment rental and maintenance	37	1,428,312.	1,409,846.		18,460
8	Printing and publications	38	2,564,604.	2,364,430.	31,686.	168,488
9	Travel	39	1,909,841.	1,552,818.	152,468.	204,555
0	Conferences, conventions, and meetings	40	1,612,391.	1,373,909.	127,121.	111,361
1	Interest	41	1,519,006.	1,519,006.		
2	Depreciation, depletion, etc. (attach schedule)	42	7,992,429.	7,612,137.	281,623.	98,669
3	Other expenses not covered above (itemize):					
8	SPECIAL PROGRAMS	43a	5,270,744.	4,936,059.	290,321.	44,364
t	DUES_AND_SUBSCRIPTIONS	43b	278,013.	261,374.	9,630.	7,009
C	EQUIPMENT	43c	927,859.	898,994.	28,865.	
C	BANK AND COMPUTER SERVICE	43d	263,667.	85,626.	144,220.	33,821
e		43e				
		43f				
9	and the second	43g				
4	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	97,805,838.	90,290,436.	4,834,256.	2 691 146
oi	nt Costs. Check 🕨 🔄 if you are follow			20123014301	4,034,230.	2,681,146
	any joint costs from a combined educational			citation reported in (B) Proc	ram services?	
	es," enter (i) the aggregate amount of these id				ed to Program services \$	Yes X No
	the amount allocated to Management and ger			; and (iv) the amount allo		

Fo	rm 990 (2005)	42-0680387	Page 3
P	art III Statement of Program Service Accomplishments (See the instructions.)		
on	rm 990 is available for public inspection and, for some people, serves as the rticular organization. How the public perceives an organization in such cases its return. Therefore, please make sure the return is complete and accurate ograms and accomplishments.	he primary or sole source of may be determined by the and fully describes, in Par	of information about a information presented t III, the organization's
W	nat is the organization's primary exempt purpose? FEDUCATION		Program Service
All	organizations must describe their exempt purpose achievements in a clear and concis	se manner. State the number	Expenses (Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable	e. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for
org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of gra	ints and allocations to others.)	others.)
a	INSTRUCTIONAL PROGRAMS-HUMANITIES, SCIENCES, SOCIAL S AND SPECIAL PROGRAMS INCLUDING INTERNATIONAL EDUCATION THE SIX-YEAR GRADUATION RATE IS 87% WITH A 1:9 FACULT STUDENT RATIO. GRINNELL COLLEGE HAS APPROX. 1500 STUD FROM ALL 50 STATES, DC, PUERTO RICO AND 50 OTHER COUNT	N. Y_TO DENTS	
	(Grants and allocations \$ 21,825,757.) If this amount includes foreig	n grants, check here 🕨	49,980,654.
b	STUDENT_SERVICES-REGISTRATION, COUNSELING, ADMISSION	AND	40,000,0041
	FINANCIAL AID, HEALTH SERVICES, INTERCOLLEGIATE ATHLE		
	LECHIDES CONTOCATIONS AND OTHER CHIDENE PROCEENSS		
	(Grants and allocations \$ 104,480.) If this amount includes foreig	an grants, check here 🕨	15,322,309.
c	INSTITUTIONAL SUPPORT-LIBRARY, FACULTY DEVELOPMENT, RI	ESEARCH	
	COMPUTER SERVICES, PUBLIC RELATIONS, PRINTING SERVICES	S, MAIL	
	SERVICES AND OTHER EXPENDITURES TO SUPPORT THE ACTIVI	TY OF	
	THE COLLEGE	·	
	(Grants and allocations \$ 96,893,) If this amount includes foreig		
А			14,756,868.
ų	OTHER_PROGRAM_SERVICES_AUXILIARY_ENTERPRISES_INCLUDING		
	HOUSING AND FOOD SERVICES		
		·	
	(Grants and allocations \$) If this amount includes foreig	in grants, check here 🕨	10,230,605.
e	Other program services (attach schedule)		
	(Grants and allocations \$) If this amount includes foreig		
_ <u>f</u>	Total of Program Service Expenses (should equal line 44, column (B), Program	services)	90,290,436.
			Form 990 (2005)

M = 4 =	14/have required alter budget at the set of		1	
Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	. 1,453,639.	46	1,947,86
47a	Accounts receivable	5 J		
	Less: allowance for doubtful accounts 47b 183,82		47c	366, 64
48a	Pledges receivable			
Ь	Less: allowance for doubtful accounts	-	48c	
49			49	
50	Receivables from officers, directors, trustees, and key employees	·		
	(attach schedule)		50	
51a	Other notes and loans receivable (attach	•		
	schedule)			
б ь	Less: allowance for doubtful accounts	6,441,182.	51c	6,771,959
52	Inventories for sale or use	600,489		642,772
53	Prepaid expenses and deferred charges	994,356.		1,145,446
54	Investments - securities (attach schedule) STMT 11 Cost X FMV			958,000,583
55a	Investments - land, buildings, and	1/010/100/0000.		
	equipment: basis55a55a592		-	
b	Less: accumulated depreciation (attach		i	
	schedule)	1,353,174.	55c	1,466,179
56	Investments - other (attach schedule)			603,049,424
	Land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach	-		
	schedule)	155,330,745.	57c	184,887,429
58	Other assets (describe ►		58	
59	Total assets (must equal line 74). Add lines 45 through 58	1,660.769.351.	59	1,758,278,304
60	Accounts payable and accrued expenses	16,711,262.		18,532,173
61	Grants payable		61	
62	Deferred revenue		62	4,651,571
63	Loans from officers, directors, trustees, and key employees (attach			
	schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)	50,000,000,	64a	50,000,000
Чь	Mortgages and other notes payable (attach schedule)	8,585,642.	64b	8,129,046
65	Other liabilities (describe ► STMT_15)			2,622,579
66	Total liabilities. Add lines 60 through 65	82,439,709.	66	83,935,369
Orga	nizations that follow SFAS 117, check here X and complete lines			00,000,000
	67 through 69 and lines 73 and 74.			
67	Unrestricted	1,490,549,770.	67	1,587,103,982
68	Temporarily restricted			8,627,134
69	Permanently restricted	76,799,992.		78,611,819
67 68 69 Orga	nizations that do not follow SFAS 117, check here 🕨 🔜 and			
	complete lines 70 through 74.			
5 70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
71 72 73	Total net assets or fund balances (add lines 67 through 69 or lines			
2	70 through 72;			
1	column (A) must equal line 19: column (B) must equal line 21)	11.578.329.642	73	1,674,342,935
74	column (A) must equal line 19; column (B) must equal line 21)	1101010201042.		-/ *

	n 990 (2005	·		41	2-06803	87		Page 5
Pa	art IV-A	Reconciliation of Revenue per Audited Finistructions.)	inancial Stateme	ents Wi	th Revenu	e per Retur	n (S	ee the
а	Total rev	enue, gains, and other support per audited financ	ial statements			,	a	173,170,468.
Ь	Amounts	s included on line a but not on Part I, line 12:						
1		alized gains on investments			b1 -91	<u>,536,631</u> .		
2		services and use of facilities			<u>b2</u>			
3	Recoveri	ies of prior year grants			<u>b3</u>			
4	Other (sp	pecify): <u>SEE STATEMENT 16</u>						
		b1 through b4					Þ	-113163584.
c		line b from line a	· · · · · · · · · · ·			• • • • • • •	¢.	286,334,052.
d		included on Part I, line 12, but not on line a:		1	امد			
1 2		ent expenses not included on Part I, line 6b pecify): <u>SEE STATEMENT 17</u>			<u>a1</u>			
4	Other (sp				42	-889,632.		
	Add lines	d1 and d2			<u>Q.2</u>	-009,032.	d	-889,632.
е	Total rev	renue (Part I, line 12). Add lines c and d						285,444,420.
Ра	rt IV-B	Reconciliation of Expenses per Audited F	inancial Stateme	ents Wi	th Expense	ses per Retu	irn	200,444,420.
а		enses and losses per audited financial statements					a	77,157,175.
Ь		included on line a but not on Part I, line 17:						
1		services and use of facilities			b1			
2	Prior yea	r adjustments reported on Part I, line 20			<u>b2</u>			
3	Losses re	eported on Part I, line 20			b3	88,658.		
4	Other (sp	ecify): <u>SEE STATEMENT 18</u>						
					b4	889,632.		
		b1 through b4					b	978,290.
C		line b from line a					c	76,178,885.
d	Amounts	included on Part I, line 17, but not on line a:			44			
1	Investme	nt expenses not included on Part I, line 6b hecify):		· · ·	<u>uı</u>			
2	Other (sp	ecny):			d2 21.	626,953.		
	Add lines						d	21,626,953.
е	Total exp	d1 and d2		• • • •	 		e	97,805,838.
Pa	rt V C	urrent Officers, Directors, Trustees, and K	ey Employees (L	ist eac	h person v	vho was an c	ffice	r, director, trustee,
	01	key employee at any time during the year even i					· · · ·	·····
		(A) Name and address	(B) Title and average hours pe	(C) Co (If not	mpensation paid, enter	(D) Contributions to a benefit ptans & de		 (E) Expense account and other allowances
			week devoted to position		-0)	compensation p	iene —	
 SF1		MENT 20			4 050	227 0	70	0.046
0.01	<u>s oirid</u>			93	4,950.	337,9	/0.	9,246.
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Form	orm 990 (2005) 42-0680387				
Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No	
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings				
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	75b	x		
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.	75c		x	
	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?	75d	х		

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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deterred compensation plane	(E) Expense account and other allowances
SEE STATEMENT 30	-0-	236,511.	81,192.	NONE
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	1			

Pa	t VI Other Information (See the instructions.)	_	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			x
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	х	
b	If "Yes," enter the name of the organization GRINNELL COLLEGE MEDICAL BENEFIT PLAN TRUST and check whether it is X exempt or nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE			
b	Did the organization file Form 1120-POL for this year?	81b		x

Form 990 (2005) 42	2-0680387		F	age 7
Part VI Other Information (continued)			Yes	
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no ct	harge	1		
or at substantially less than fair rental value?		82a		x
b If "Yes," you may indicate the value of these items here. Do not include this amount				
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	. 826 N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption appli		83a	x	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a	-	v
b If "Yes," did the organization include with every solicitation an express statement that such contribut	ione	044		X
or gifts were not tax deductible?		046		'n
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	• • • • • • • • • • • • • • • • • • • •	84b 85a	N/2 N/2	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	••••••	85b		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the orga		000	N/7	7
received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	850 N/A 850 N/A	-		
Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		-		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		-		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		-		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on li		85g	N/7	7
estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax y		0.00		_
 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 		85h	<u>N/7</u>	7
b Gross receipts, included on line 12, for public use of club facilities	- 86a <u>N/A</u> 86b N/A	-		
 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 	• 86b N/A 87a N/A	-		
b Gross income from other sources. (Do not net amounts due or paid to other	. 87a N/A	-		
sources against amounts due or received from them.)	87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation	. 876 N/A	- 1		
partnership, or an entity disregarded as separate from the organization under Regulations sections				
301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88	v	
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	· · · · · · · · · · · · · · · · · · ·	00	X	
section 4911 NONE ; section 4912 NONE ; section 4912	55 NONE			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transac		-		
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," att,				
a statement explaining each transaction		89b		v
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year u		000		<u> </u>
			N/A	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			N/A	
90 a List the states with which a copy of this return is filed NONE			N/A	
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) .		906	1712	<u> </u>
91 a The books are in care of <u>DAVID CLAY, V.P. FOR BUSINESS</u>		<u> </u>		<u> </u>
Located at 733 BROAD STREET, GRINNELL, IA ,	ZIP+4 50112-16		<u> </u>	
b At any time during the calendar year, did the organization have an interest in or a signature or other a	authority over	ſ	Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial		91b	X	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign				
and Financial Accounts.				
c At any time during the calendar year, did the organization maintain an office outside of the United Sta	ates?	91c	x	
If "Yes," enter the name of the foreign country UNITED_KINGDOM				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			, Þ	·
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A	
		Form	990 (2005)

JSA 5E1041 2.000

Part VII	Analysis of Income-Produc	ing Activi	ties (See the in	4 nstructions	2-0680387	Page 8
	gross amounts unless otherwise		lated business inc		by section 512, 513, or 5	514 (E)
indicated.		(A) Business code	(B) Amount	(C)	(D)	Related or exempt function
-	am service revenue:					income
	TION & FEES					41,990,572.
	ILIARY SERVICES			03	9,560,7	
	SCHOOL FEES			03	17,6	
	ES, DEPOSITS, ET			03	554,1	
	DENT_LOANS are/Medicaid payments				6,7	60.
	and contracts from government agencies					<u> </u>
	pership dues and assessments			·		
					1 207 4	
	tion savings and temporary cash investments			14	1,297,4	
	ental income or (loss) from real estate:				10,441,9	46.
	inanced property					
	ebt-financed property			16		0.4
	tal income or (loss) from personal property			<u>+ + 0</u>	<u>-51,5</u>	04.
	investment income			14	18,112,5	0.0
	(loss) from sales of assets other than inventory			18		
	come or (loss) from special events .			10	192,739,8	<u> </u>
	profit or (loss) from sales of inventory			03	338,0	42
	revenue: a				330,0	43.
b ST	MT 32	i	509	5,934.	-505,1	01
				<u>,,,,,,,</u>		24.
					\	······
e						
104 Subtot	tal (add columns (B), (D), and (E)).		609	5,934.	232,532,3	97. 41,990,572.
	(add line 104, columns (B), (D), and (E					275,128,903.
Note: Line 1	05 plus line 1d, Part I, should equal th	ne amount on	line 12, Part I.		-	2/0/120/0001
Part VIII	Relationship of Activities t	o the Acco	omplishment o	of Exempt Purpo	ses (See the instr	uctions.)
Line No.	Explain how each activity for which					
•	of the organization's exempt purpos	es (other th	an by providing fur	nds for such purposes	s).	
93A	THE ORGANIZATION IS C	PERATED	EXCLUSIVE	LY TO PROVID	Ē	
	EDUCATIONAL INSTRUCTI					
Part IX	Information Regarding Taxa	ble Subsid	liaries and Dis	sregarded Entition	es (See the instruc	ctions.)
	(A) lame, address, and EIN of corporation.		(B)	(C)	(D)	(E) e End-of-year
	partnership, or disregarded entity		Percentage of ownership interest	Nature of activities	s Total incom	e End-of-year assets
	STMT 33		%		46,	655. 20,096.
			%			
			%			
			%			
Part X	Information Regarding Tran	sfers Ass	ociated with P	ersonal Benefit	Contracts (See th	e instructions.)
(a) Did the	organization, during the year, receive an	y funds, direct	y or indirectly, to pay	premiums on a persona	benefit contract?	Yes X No
(b) Did th	ne organization, during the year,	pay premi	ums, directly or	r indirectly, on a p	personal benefit cor	ntract? Yes X No
Note: If ")	Yes" to (b), file Form 8870 and Fo					
	Under penalties of perjury, I declar and belief, it is true, correct, and c	re that I have	examined this return,	including accompanying	g schedules and statement	is, and to the best of my knowledge
Please	and beker, it is tide, conect, and c	omplete. Deci	laration of preparer ((other than officer) is bas	sed on all information of wh	ich preparer has any knowledge.
Sign	Signature of officer				Date	
Неге						
	Type or print name and title.			· · · · · ·		
	Preparer's			Date	Check if	Preparer's SSN or PTIN (See Gen. Inst. W)
Paid	signature				eelf-	P00219657
Preparer's	S Firm's name (or yours	DITTE TA	X LLP		EIN D	86-1065772
Use Only		LOCUST		ITE 740	Phone	
	address and 7IR + 4	MOINES,		5030		515-288-1200
						Form 990 (2005)

RENT AND ROYALTY INCOME

Taxpayer's Name								Identify	ing Number
TRUSTEES OF GRIN	NELL COLLE	GE					4	2-06	80387
DESCRIPTION OF PROPERTY									
2005 ACTIVITY			_						
	ictively participate in	the operatio	n of the	activit	y during the tax year'	?			
RENTAL INCOME			·					_	
	_								
2005 RENT INCOME	<u> </u>					71	,248		
								4	
TOTAL GROSS INCOME				• • •	• • • • • • • • • • • • • • • • • • •	<u> </u>		· [71,248.
OTHER EXPENSES:									
OTHER EXPENSES						102	<u>,832</u>		
								_	
								_	
	· · · · · · · · · · · · · · · · · · ·							_	
·					<u> </u>			_	
								_	
· · · · · · · · · · · · · · · · · · ·									
								1	
DEPRECIATION (SHOWN BELO	wn								
DEPRECIATION (SHOWN BELO LESS: Beneficiary's Portion		• • • • • •	• • • •	•••	·			-	
AMORTIZATION								-	
LESS: Beneficiary's Portion	• • • • • • • • • • • •		• • • •	•••	•			{	
DEPLETION								-1	
LESS: Beneficiary's Portion	••••			• • •	•			-	
TOTAL EXPENSES	•••••			•••		I			102,832.
TOTAL RENT OR ROYALTY INC	OME (LOSS) · · · ·				· · · · · · · · · · · ·		• • • • • •	:	-31,584.
Less Amount to					· · · · · · · · ·				
Rent or Royalty									
Depreciation							•		
Depletion								_	
Investment Interest Expense								_	
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Los	8)								-31,584.
Déductible Rental Loss (if Applic	able)	<u></u>							
SCHEDULE FOR DEPRECI	ATION CLAIMED			r					
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des,	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in príor years	(h) Method	(i) Life or rate	(j) Depreciation for this year
									······
				.					
				$\left - \right $					
· · · · · · · · · · · · · · · · · · ·		· ·		<u> </u>					
				$\left - \right $					
· · · · · · · · · · · · · · · · · · ·					······	·····	- 1		
<u> </u>									
····		-							
JSA Totals						<u> </u>			

Capital Gains and Losses

OMB No. 1545-0092

2005

Department of the Treasury Internal Revenue Service

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

Nan	ne of estate or trust				Employer Identific	ation number
	NGERRA AR ARTNART ANTIRAR					
- TR Not	USTEES OF GRINNELL COLLEGE te: Form 5227 filers need to complete only h	Parte Land II			42-0680387	7
	Int I Short-Term Capital Gains and L		Held One Ye	ar or Less		
	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other bas (see page 34)	sis (f) Gain or (Loss) for the entire year (col. (d) less col. (e))
	· · · · · · · · · · · · · · · · · · ·					
	· · · · ·					
2	Short-term capital gain or (loss) from For	 ms 4684, 6252,	L 6781, and 882	4		2
3	Net short-term gain or (loss) from partner	ships, S corpora	tions, and other	estates or trusts		3
4	Short-term capital loss carryover. Enter th					
5	Carryover Worksheet	on 1 through 4 i	····	nter bara and an line	42	4 {
9		-	• •			_
	column (3) below					5
Pa	rt II Long-Term Capital Gains and Lo	osses - Assets	Held More T	han One Year		
	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr,)	(d) Sales price	(e) Cost or other bas (see page 34)	is (f) Gain or (Loss) for the entire year (col. (d) less col. (e))
S	EE STATEMENT 1			883,200,207.	690,460,356	. 192,739,851.
	· · · · · · · · · · · · · · · · · · ·					
7	Long-term capital gain or (loss) from Forr	ns 2439, 4684, 1	6252, 6781, an	d 8824		7
8	Net long-term gain or (loss) from partners	hips, S corporat	ions, and other	estates or trusts		3
9	Capital gain distributions					9
10	Gain from Form 4797, Part !					0
11	Long-term capital loss carryover. Enter th Carryover Worksheet				s	1 ()
12	 Net long-term gain or (loss). Combine line 	es 6 through 11 a	in columin (†). E	nter here and on line	14a,	· · · · · · · · · · · · · · · · · · ·
Pa	column (3) below			(A) Deposition		<u>2 192,739,851.</u>
га	Caution: Read the instructions be	e fore completii	ng this part.	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total

15 192,739,851. 15 Total net gain or (loss). Combine lines 13 and 14a Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a 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, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

13

14a

14b

14c

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Net short-term gain or (loss)

b Unrecaptured section 1250 gain (see line 18 of the

Schedule D (Form 1041) 2005

192,739,851.

JSA 5F1210-3-000

13 14

Net long-term gain or (loss):

Part IV Capital Loss Limitation

a	Enter here and enter as a (loss) on Form 1041, line 4, the smaller of: The loss on line 15, column (3) or						
	\$3,000			[16		_)
if ti Car	te loss on line 15, column (3), is more than \$3,000, or if Form 1041, p yover Worksheet on page 37 of the instructions to determine your capital loss ca	age 1 Tryove	, line 22, is ir.	a loss,	сотр	olete the Capital Los	S
Pa	rt V Tax Computation Using Maximum Capital Gains Rates (15 in column (2) are gains, or an amount is entered in Part line 2b(2), and Form 1041, line 22 is more than zero.)	Comp I or F	lete this part II and t	art only here is a	if b an ei	ooth lines 14a and ntry on Form 1041	, ,
	Note: If line 14b, column (2) or line 14c, column (2) is more than zero, col and skip Part V. Otherwise, go to line 17.	mplete	the workshe	eet on pa	ge 3	8 of the instructions	
17	Enter taxable income from Form 1041, line 22	17					
18	Enter the smaller of line 14a or 15 in column (2)						
	but not less than zero						
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2)	-					
20 21	Add lines 18 and 19	-					
Z I	amount from line 4g; otherwise, enter -0 21						
		-					
22	Subtract line 21 from line 20. If zero or less, enter -0	22	······································				
23	Subtract line 22 from line 17. If zero or less, enter -0	23					
24 25	Enter the smaller of the amount on line 17 or \$2,000 Is the amount on line 23 equal to or more than the amount on line 24? Yes. Skip lines 25 through 27; go to line 28 and check the "No" box.	24					
	No. Enter the amount from line 23	25					
26	Subtract line 25 from line 24	26					
27	Multiply line 26 by 5% (.05)				27		
28	Are the amounts on lines 22 and 26 the same?						
	Yes. Skip lines 28 through 31; go to line 32.						
	No. Enter the smaller of line 17 or line 22	28					
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29					
30	Subtract line 29 from line 28	30					
31	Multiply line 30 by 15% (.15)				31		
32	Figure the tax on the amount on line 23. Use the 2005 Tax Rate Schedule on	Dage :	23 of the	••••	<u>.</u>		-
	instructions , , , , , , , , , , , , , , , , , , ,				32		-
33	Add lines 27, 31, and 32			Í	33		
34	Figure the tax on the amount on line 17. Use the 2005 Tax Rate Schedule on	page	23 of the	••••			
	instructions , ,	· ·			34		
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on Schedule G, Form 1041	line 1a	a of		35		-
						<u> </u>	-

Schedule D (Form 1041) 2005

TRUSTEES OF GRINNELL COLLEGE Schedule D Detail of Long-term Capital Gains and Losses

	Date	Date	Gross Sales	Cost or Other	Long-term
Description	Acquired	Sold	Price	Basis	Gain/Loss
CADIMAL CATNO (LOCOPO) DOON COOUDINITIO	+			<u> </u>	
CAPITAL GAINS (LOSSES) FROM SECURITIES	<u> </u>	<u> </u>			
COMMON STOCK	VARIOUS	VARIOUS	505 500 7C4	425 100 004	1.00 411 000
U.S. GOVT. BONDS	VARIOUS	VARIOUS	00,300,704.	425,168,964.	100,411,800.
ST BILLS AND NOTES	VARIOUS	VARIOUS		91,976,595.	-1,861,197.
LIMITED PARTNERSHIPS	VARIOUS	VARIOUS	56,335,254.	84,656,620.	00 054 101
HEDGE FUNDS	VARIOUS	VARIOUS	55,172,490.		
COMMERCIAL PAPER	VARIOUS	VARIOUS	3,967,289.		5,1 <u>72,49</u> 0.
CORPORATE BONDS	VARIOUS	VARIOUS			
OTHER INVESTMENTS	VARIOUS		3,859,849.		<u> </u>
FOREIGN CASH	VARIOUS	VARIOUS VARIOUS	178,751.		3,751.
FORWARD CURRENCY CONTRACT	VARIOUS		3,643,700.		3,643,700.
NOTES RECEIVABLE		VARIOUS	-591,568.		-591,568.
EQUITY REAL ESTATE	VARIOUS	VARIOUS	202,092.		
SOUTH REAL ESTRIE	VARIOUS	VARIOUS	<u> </u>	49,568.	
TOTAL CAPITAL GAINS (LOSSES) FROM SECURIT			002 200 207	<u> </u>	100 005 050
TOTAL CALINE CAINE (100525) FROM SECORIT			883,200,207.	<u>690,324,348.</u>	<u>192,875,859.</u>
CAPITAL GAINS (LOSSES) FROM OTHER ASSETS		- <u> </u>			
CHETTER ONING (100085) FROM OTHER ASSETS					
OTHER		<u> </u>		126 000	126 000
				136,008.	-136,008.
TOTAL CAPITAL GAINS (LOSSES) FROM OTHER AS	ਇਸਾਹਿ			126 000	120 000
TOTAL ON TIME ON TO THE AL	<u>,0519</u>			136,008.	
		- · · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			<u> </u>
······································					·
·		<u> </u>			
		-			
· · · · · · · · · · · · · · · · · · ·					
······································		<u> </u>			
	<u> </u>	<u>├─</u> ──			
		<u>├</u>			
	<u>+</u>	┼─────			
Totals		<u> </u>			
			883,200,207.	690,460,356.	192,739,851.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

42-0680387

Employer identification number

TRUSTEES OF GRINNELL COLLEGE Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions, List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN H. MUTTI	PROF. OF E			
GRINNELL COLLEGE	50	167,400.	33,048.	
THOMAS M. CRADY	VP STUDENT			
GRINNELL COLLEGE	50	152,345.	33,317.	
MICHAEL J. MUNLEY	VP COLL. ALUMNI RELA			
GRINNELL COLLEGE	50	148,000.	34,537.	
JAMES M. SUMNER	DEAN ADMISSION & FA			·
GRINNELL COLLEGE	50	145,000.	31,103.	
JONATHAN L. CHENETTE	ASSOC. DEAN OF COLL			
GRINNELL COLLEGE	50	143,660.	32,316.	
Total number of other employees paid over \$50,000	243			

Compensation of the Five Highest Paid Independent Contractors for Professional Services 11 L II-A | (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) Compensation
SEE STATEMENT 34		
otal number of others receiving over \$50,000 for		

professional services , <u>....</u>. ► 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.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 35		
	· .	
Total number of other contractors receiving over \$50,000 for other services		

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

Schedule A (Form 990 or 990-EZ) 2005

Sch	edule	A (Form 990 or 990-EZ) 2005 42-0680387		F	age (
Pa	ırt III	Statements About Activities (See page 2 of the instructions.)		Yes	
1	Du	ring the year, has the organization attempted to influence national, state, or local legislation, including any			
	atte	empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or i	ncurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,			
	Par	t VI-A, or line i of Part VI-B.)	1		x
	Oig	anizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other			
		anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
		lobbying activities.			
2		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
		stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		n any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
		ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the associations.)			
a			2a		X
b			2b		<u> </u>
с д			20	X	
d e			2d 2e	X	
е За	Do	nsfer of any part of its income or assets?	26		<u>X</u>
ન્વ			3a	x	
ь				x	
c			3b 3c	^	х
4a		you maintain any separate account for participating donors where donors have the right to provide advice on	50		
		use or distribution of funda 0	4a		х
b	Do		4b		X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
he	organ	ization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	X	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	Ш	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, of	:ity,		
		and state			
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1))(A)(iv).		
	\square	(Also complete the Support Schedule in Part IV-A.)			
1 a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. See	ction		
		170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
15	\vdash	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2	LJ	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquir	ed		
_		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations	i		
		described in: (1) lines 5 through 12 above; or (2) section $501(c)(4)$, (5), or (6), if they meet the test of section $509(a)(2)$. Check the box that describes the type of supporting organization:			
		Type 1 Type 2 Type 3 Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		(a) Name(s) of supported organization(s) (b) Line nu from ab			
			076		
		An organization organized and operated to test for public safety. Section $509(a)(4)$ (See page 6 of the instructions)			

to test for public safety. Section 509(a)(4), (See page 6 of the instructions.) ohei

Schedule A (Form 990 or 990-E2) 2005

	edule A (Form 990 or 990-EZ) 2005				42-0680	387		Page
Pa	rt IV-A Support Schedule (Complete or	nly if	you checked a b	ox on line 10, 11	, or 12.) Use ca	sh method of a	ccountir	ng.
No	e: You may use the worksheet in the instru	uctior	ns for converting t	rom the accrual t	o the cash metho	od of accounting		T APPLICABLE
	endar year (or fiscal year beginning in)		(a) 2004	(b) 2003	(c) 2002	(d) 2		(e) Total
15	Gifts, grants, and contributions received. (Do							<u></u>
	not include unusual grants. See line 28.)							
16	Membership fees received							
17	Gross receipts from admissions, merchandise							
	sold or services performed, or furnishing of							
	facilities in any activity that is related to the							
	organization's charitable, etc., purpose							
18	Gross income from interest, dividends,				···· [
	amounts received from payments on securities							
	loans (section 512(a)(5)), rents, royalties, and	1						
	unrelated business taxable income (less							
	section 511 taxes) from businesses acquired							
	by the organization after June 30, 1975							
19	Net income from unrelated business	· ·		· · · · ·				
		1						
20	activities not included in line 18	•••						
٤U	Tax revenues levied for the organization's							
	benefit and either paid to it or expended on							
	its behalf	<u>··</u> -						
21	The value of services or facilities furnished to							
	the organization by a governmental unit							
	without charge. Do not include the value of							
	services or facilities generally furnished to the							
	public without charge							
2	Other income. Attach a schedule. Do not							
	include gain or (loss) from sale of capital assets							1
	Total of lines 15 through 22					·····		
	Line 23 minus line 17.							
	Enter 1% of line 23.				·			·
	· · · · · · · · · · · · · · · · · · ·					<u>l</u>	25.3	
			nter 2% of amount				▶ <u>26a</u>	
	Prepare a list for your records to show th							
	governmental unit or publicly supported org							
	amount shown in line 26a. Do not file this			n. Enter the tota	I of all these early	xcess amounts	► 26b	
	Total support for section 509(a)(1) test: Enter line						▶ <u>26c</u>	
d	Add: Amounts from column (e) for lines: 18							
			26)b			▶ 26d	
e	Public support (line 26c minus line 26d total)						► 26e	
f	Public support percentage (line 26e (numerato	ər) div	rided by line 26c (d	enominator))			▶ 26f	%
	Organizations described on line 12: a liperson," prepare a list for your records to Do not file this list with your return. Enter the s NOT APPLICABLE	show	v the name of, a	and total amount	16, and 17 t s received in ea	that were rece ach year from,	eived fro each "o	om a "disqualified disqualified person."
				(0000)		150		
L	(2004) (2003)			(2002)		(20	01)	
	For any amount included in line 17 that was show the name of, and amount received for e (include in the list organizations described in the difference between the amount received amounts) for each year:	each lines	year, that was mo 5 through 11, as	pre than the large s well as individua	r of (1) the amo als.) Do not file	unt on line 25 this list with ve	for the part return	year or (2) \$5,000.
	(2004) (2003)			(2002)		(20)	01)	
	////////					(20,		
c	Add: Amounts from column (e) for lines: 15		16	1				
-	17 20		10	·				
a	Add: Line 27e total		2				270	
ů i	Add: Line 27a total.	_ ar	io line 27b total .	·	<u> </u>		27d	
Θ	Public support (line 27c total minus line 27d total)	ŋ	* * * * * * * * * *			.	▶ 27e	
	Total support for section 509(a)(2) test: Enter am	nount	trom line 23, colum	n (e)	• • • ▶ 271		_	
f	Jublic support persentane (line 97e (numerout)	r) div	ided by line 27f (de	nominator))			► 27a	%
9	Public support percentage (line 27e (numerato							
g h	nvestment income percentage (line 18, columi	n (e)	(numerator) divide	d by line 27f (deno	minator))		▶ 27h	%
9 h 8		n (e) ribed	(numerator) divide In line 10, 11,	d by line 27f (deno or 12 that re	minator))	sual grants du	▶ 27h	%

Pi	Art 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,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	X	
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,			
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30	X	L
51	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?	31	x	
	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 COLLEGE, THEREFORE			
	MEDIA ADVERTISING IS IMPRACTICAL. HOWEVER, ALL RECRUITMENT LITERATURE			
	CONTAINS A STATEMENT OF OUR NON-DISCRIMINATION POLICY.			
32				
	Records indicating the racial composition of the student body, faculty, and administrative staff?	<u>32a</u>	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b	<u>X</u>	
	with advantage advantage and a state to set to 0	32c	v	
	al Copies of all material used by the organization or on its behalf to solicit contributions?	32d	<u>X</u> X	
	, , , , , , , , , , , , , , , , , , , ,	VEG		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
i	a Students' rights or privileges?	33a		<u>X</u>
1	Admissions policies?	33b		х
		330		
•	Employment of faculty or administrative staff?	33c		х
	I Scholarships or other financial assistance?	33d		Х
			ľ	
	e Educational policies?	33e		<u>X</u>
1	Use of facilities?	225		v
	Use of facilities?	<u>33f</u>		<u> </u>
ç	Athletic programs?	33g		x
ł	Other extracurricular activities?	33h		<u>X</u>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 2	Does the organization receive any financial aid or assistance from a governmental agency?	342	x	
		<u>v</u> -rd		
t	Has the organization's right to such aid ever been revoked or suspended?	345		х
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			<u> </u>
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 pondiscrimination? If "No " attach an explanation			

Sch	nedule A (Form 990 or 990-				42-0	680387			Page 5
Pa	art VI-A Lobbying E	xpenditures by Elec	ting Public Chariti	es (See pagi	e 9 of the	e instruc	tions.)	,	
·····	(To be com	pleted ONLY by an i	eligible organizatio	n that filed Fo	orm 576	8) _{NOT}	APP	LICA	BLE
Ch	eck 🕨 a 👘 if the organi	ization belongs to an affili	iated group. Checl						ntrol" provisions apply.
		.imits on Lobbying "expenditures" means	·	urred.)			(a) led gro otals	up	(b) To be completed for ALL electing organizations
36	Total lobbying expendi	tures to influence publ	ic opinion (grassroot	s lobbying)	36	· _			
37	Total lobbying expendi	tures to influence a leg	sislative body (direct	lobbying)	37				
38	Total lobbying expendi	tures (add lines 36 an	d 37)		. 38				· · · · · · · · · · · · · · · · · · ·
39	Other exempt purpose	expenditures			39				
40	Total exempt purpose	expenditures (add line	s 38 and 39)		40				·
41	Lobbying nontaxable a	mount. Enter the amo	unt from the following	a table -	· —	· · · · · ·			
	If the amount on line 4	40 is - The lot	obying nontaxable a	mount is -					
	Not over \$500,000	20% of t	he amount on line 40		$) \mid \mid$				
	Over \$500,000 but not over	\$1,000,000\$100,00	0 plus 15% of the excess	over \$500,000					
	Over \$1,000,000 but not ove	er \$1,500,000 \$175,00	0 plus 10% of the excess	over \$1,000,000	2 41				
	Over \$1,500,000 but not ove								
	Over \$17,000,000	\$1,000,0			ノ				
42	Grassroots nontaxable	amount (enter 25% of	fline 41)		42				
43	Subtract line 42 from li	ne 36. Enter -0- if line	42 is more than line	36	. 43				
44	Subtract line 41 from li	ne 38. Enter -0- if line	41 is more than line	38	. 44				
	Continue if there is an		10 6 14						
	Caution: If there is an					<u> </u>			
	(Some organizati		Averaging Period						h - (-
	(Johne organizati	ons that made a section	ns for lines 45 throug					lumns	Delow.
			Lobbying Expend	itures During	4-Year	Averagi	ng Pe	riod	
- (Calendar year (or fiscal	(a)	(b)	(c)			(d)		(e)
	rear beginning in) 🕨	2005	2004	2003			002		Total
	Lobbying nontaxable						002		
45	amount								
	Lobbying ceiling amount					<u>.</u>			
<u>46</u>	(150% of line 45(e))								
								— T	
47	Total lobbying expenditures								
	Grassroots nontaxable								
<u>48</u>	amount · · · · · · · ·	·	····	·		·			
	Grassroots ceiling amount								
<u>49</u>	(150% of line 48(e))								
	Grassroots lobbying								
	expenditures	ativity by Namalastia							
Ра		ctivity by Nonelectir	-		(LA) (O-	NOT	APPL	ICAE	LE
Duri		ng only by organizati				e page		ne in	structions.)
	ng the year, did the organi: πpt to influence public opir				uding ariy		Yes	No	Amount
	34-1 1		-						···.
	Paid staff or managem	ent (Include compense	tion in expenses and	adad as lisas -	through	 b.)	$\left - \right $		
c	Media advertisements	and functione couldense	adon in expenses (ep)	NIGO ON NOES C	unrough	n.)	┝──┤	{	
d L	Media advertisements	agielatore or the public	• • • • • • • • • • • • • •	• • • • • • • • •		• • • • •	\vdash		

e	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 description of the lobbying activities.	_

JSA 5E1240 1.000

Schedule A (Form 990 or 990-EZ) 2005

Schedule	A (Form 990 or 990-EZ) 2005		42-0680387		Page 6
Part VI	Information Regardin Exempt Organizations	g Transfers To and Transactions ar (See page 12 of the instructions.)	nd Relationships With Noncharitable		
51 Did			lowing with any other organization describ	ped in sec	tion
501((c) of the Code (other than see	tion 501(c)(3) organizations) or in section	on 527, relating to political organizations?		
		ization to a noncharitable exempt organi		Yes	No
(i)	Cash			la(i)	x
(4)	Other assets			ı(ii)	X
	er transactions:				
(i)	Sales or exchanges of assets	with a noncharitable exempt organization	n	p(i)	X
(ii)	Purchases of assets from a r	ioncharitable exempt organization	l b	o(ii)	x
(00)	Rental of facilities, equipmen	t, or other assets	b	(iii)	X
(ív)	Reinbursement arrangement	S	b	<u>(iv)</u>	X
(v)	Loans or loan guarantees		6)(V)	X
(VI) - Ch	renormance of services of fi	rempership or jundraising solicitations	<i></i>	(vi)	X
d If the	ing of facilities, equipment, ma	ailing lists, other assets, or paid employee	¹⁵	c	X
good	s, other assets, or services given	by the reporting organization. If the organization of the goods, other			
(a) Line r	1-7	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharin	в апалдете	nte
N/A					

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) Name of organization	(b) Type of organization	(c) Description of relationship
GRINNELL MEDICAL	501 C 9	COMMON BOARD MEMBERS- SEE FORM
BENEFIT PLAN TRUST		990, ITEM 80
··		
		······································

► X Yes [

No

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

2005 RENT INCOME	71,248.
	71,248.
OTHER DEDUCTIONS	~~~~~
2005 RENTAL EXPENSES	102,832.

102,832.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
2005 ACTIVITY	71,248.		102,832.	-31,584.
TOTALS	71,248.		102,832.	-31,584.

FORM 990, PART I - OTHER INVESTMENT INCOME

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

42-0680387

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

DESCRIPTION

AMOUNT

BOOKSTORE SALES

TOTAL

1	,	0	9	1	,	6	6	7	•
 -		-	-	-	-	-	-	-	-

1,091,667.

FORM 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR PURCHASES	810,674.
SUBTOTAL	1,056,280. 302,656.
COST OF GOODS SOLD	753,624.

42-0680387

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

CHANGE IN VALUE OF	SPLIT INT. AGREEMENT	88,658.
UNREALIZED LOSS OF	I INVESTMENTS	91,536,631.
	TOTAL	91,625,289.

42-0680387

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
SCHOLARSHIPS C/O: GRINNELL COLLEGE GRINNELL, IA 50112			21,602,664.
FELLOWSHIPS C/O: GRINNELL COLLEGE GRINNELL, IA 50112			341,985.
PRIZES C/O: GRINNELL COLLEGE GRINNELL, IA 50112			82,481.
		TOTAL CONTRIBUTIONS PAID	22,027,130.

42-0680387

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

OFFICER NAME AND TYPE OF COMPENSATION	MANAGEMENT AND GENERAL
RUSSELL K. OSGOOD COMPENSATION:	425,200.
JAMES E. SWARTZ COMPENSATION:	187,910.
SUSAN M. SCHOEN COMPENSATION:	77,000.
TOTALS	690,110.

42-0680387

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER:	INSTITUTIONAL LOAN PROGRAMS	
BEGINNING BALANCE DUE ENDING BALANCE DUE		1,642,315. 1,919,208.
BORROWER:	DONOR SPONSORED LOAN PROGRAMS	
BEGINNING BALANCE DUE ENDING BALANCE DUE		641,045. 653,810.
BORROWER:	PERKINS LOAN PROGRAM	
TOTAL BEGINNING OTHER N	OTES AND LOANS RECEIVABLE	6,814,639.
TOTAL ENDING OTHER NOTE	S AND LOANS RECEIVABLES	7,130,732.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRI	PTION
--------	-------

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 EQUITY INTEREST LIFE INSURANCE

TOTALS

42-0680387

ENDING BOOK VALUE

42-0680387

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION

SERIES 2001 VAR. RATE BONDS

TOTALS

ENDING BOOK VALUE

50,000,000.

42-0680387

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: ANNUITIES PAYABLE

BEGINNING BALANCE DUE	

TOTAL BEGINNING	MORTGAGES AND	OTHER NOTES	PAYABLE 8,585,642	
TOTAL ENDING MOR	TGAGES AND OTH	HER NOTES PAY	YABLE 8,129,046.	_

8,129,046.

DEPOSITS HELD IN CUSTODY

TOTALS

ENDING BOOK VALUE

2,622,579.

2,622,579.

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

DESCRIPTION

AMOUNT

STUDENT ASSISTANCE & GRANTS

TOTAL

-21,626,953.

-21,626,953.

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

DESCRIPTION	AMOUNT
BOOKSTORE COST OF GOODS SOLD LOSS ON DISPOSAL OF PROPERTY	-753,624. -136,008.
TOTAL	-889,632.

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

DESCRIPTION	AMOUNT
BOOKSTORE COST OF GOODS SOLD LOSS ON DISPOSAL OF PROPERTY	753,624. 136,008.
TOTAL	889,632.

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

DESCRIPTION

STUDENT ASSISTANCE & GRANTS

21,626,953.

TOTAL

21,626,953.

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
RUSSELL G. ALLEN TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
TRISH FITZGIBBONS ANDERSON TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
ROBERT F. AUSTIN TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
ELIZABETH BALLANTINE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
J. ROBERT BARR TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
CAROLYN SWARTZ BUCKSBAUM TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
WARREN E. BUFFETT	TRUSTEE	NONE	NONE	NONE

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	ALLOWANCES
TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112				
ROBERT A. BURNETT TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
THOMAS R. CECH TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
MARY SUE COLEMAN TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
HENRY CORNELL TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
GARDINER S. DUTTON TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
DR. JOHN F. EGAN TREASURER'S OFFICE GRINNELL COLLEGE	TRUSTEE	NONE	NONE	NONE

42-0680387

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION		ALLOWANCES
GRINNELL, IA 50112				
VERNON E. FAULCONER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
FLORENCE FEARRINGTON TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
LAURA M. FERGUSON TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
JUDSON E. FIEBIGER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
PATRICIA FINKELMAN TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
HAROLD W. FUSON, JR. TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE

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
RONALD T. GAULT TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
I. CRAIG HENDERSON TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
STEVE HOLTZE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
KIHWAN KIM TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
CLINTON D. KORVER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
DAVID KRUIDENIER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
HAROLD LEE	TRUSTEE	NONE	NONE	NONE

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	ALLOWANCES
TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112				~~~~~
TODD C. LINDEN TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
CAROLINE H. LITTLE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
FRED A. LITTLE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
ANDREW W. LOEWI TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
JAMES H. LOWRY TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
SUSAN HOLDEN MCCURRY TREASURER'S OFFICE GRINNELL COLLEGE	TRUSTEE	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION		ALLOWANCES
GRINNELL, IA 50112	_			
DR. RANDALL MORGAN, JR. TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
ROBERT C. MUSSER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
GREGG NARBER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
PATRICIA MEYER PAPPER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
JOHN R. PRICE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
RONALD B. H. SANDLER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE

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
PENNY BENDER SEBRING TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
GEORGE B. SHOTT TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
M. ANNE SPENCE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
LONABELLE (KAPPIE) SPENCER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
DONALD M. STEWART TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
JESSIE L. TERNBERG TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
BARRETT W. THOMAS	TRUSTEE	NONE	NONE	NONE

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 TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
HENRY T. WINGATE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
EX OFFICIO MARYILYN J. MUSSER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
EC OFFICIO DR. MICHAEL G. ISON TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112		NONE	NONE	NONE
CHARLES B. BEAR TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
RICHARD W. BOOTH	TRUSTEE	NONE	NONE	NONE

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	
TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112				
DAVID B. BRAMAN TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112	TRUSTEE	NONE	NONE	NONE
NORDAHL L. BRUE TREASURER'S OFFICE GRINNELL COLLEGE 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 GRINNELL COLLEGE 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.

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: CAROLINE H. LITTLE NAME OF RELATED BUSINESS: FRED A. LITTLE TITLE OR ROLE: TRUSTEE RELATIONSHIP: DAUGHTER

NAME OF OFFICER, DIRECTOR, ETC: FRED A. LITTLE NAME OF RELATED BUSINESS: CAROLINE H. LITTLE

TITLE OR ROLE: RELATIONSHIP:

TRUSTEES OF GRINNELL COLLEGE

TRUSTEES OF GRINNELL COLLEGE TRUSTEE FATHER

42-0680387

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

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
FRANK THOMAS TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112 FRANK THOMAS IS A FORMER SECRETARY EMPLOYED AS A SENIOR COUNSELOR.	OF THE COLLEGE AND IS CU		57,115.	NONE
GEORGE A. DRAKE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112 GEORGE DRAKE IS PRESIDENT EMERITUS	AND PROFESSOR EMERITUS O	39,872. F HISTORY.	2,396.	NONE
CHARLES L. DUKE TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112 CHARLES DUKE IS THE FORMER DEAN OF PHYSICS-SENIOR FACULTY STATUS.	THE COLLEGE AND IS A PRO	70,739. FESSOR OF	19,851.	NONE
WALDO WALKER TREASURER'S OFFICE GRINNELL COLLEGE GRINNELL, IA 50112 WALDO WALKER IS THE FORMER TREASUR	ER OF THE COLLEGE AND IS	NONE A PROFESSOR	1,830.	NONE

42-0680387

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

			CONTRIBUTIONS TO EMPLOYEE	EXPENSE ACCT AND OTHER
NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	BENEFIT PLANS	ALLOWANCES
EMERITUS OF BIOLOGY.				

GRAND TOTALS	236,511.	81,192.	NONE

42-0680387

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE 	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
INDIRECT COST RECOVERY PARKING UBTI FROM PARTNERSHIPS	900000 900000	605,934.	21 03	75,948. 24,795. -605,934.	
TOTALS		605,934.		-505,191.	

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
POWESHIEK PETROLEUM 733 BROAD STREET GRINNELL, IA 5012 73-0646866	100.000000	OIL AND GAS	46,655.	20,096.
TOTAL INCO	ME		46,655.	20,096.

INCOME	46,655.	20,096.
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SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
HOLABIRD & ROOT, LLC 300 WEST ADAMS STREET CHICAGO, IL 60606	ARCHITECTURE	317,440.
PELLI CLARKE PELLI ARCHITECTS 1056 CHAPEL STREET NEW HAVEN, CT 06510	ARCHITECTURE	285,170.
RUANE, CUNNIFF & GOLDFARB INC 767 FIFTH AVENUE NEW YORK, NY 10153	INVESTMENT MANAGER	2,511,289.
SOUTHEASTERN ASSET MANAGEMENT, INC 6410 POPLAR AVENUE MEMPHIS, TN 38119	INVESTMENT MANAGER	2,093,860.
PACIFIC FINANCIAL RESEARCH 9601 WILSHIRE BLV BEVERLY HILLS, CA 90210	INVESTMENT MANAGER	919,775.

TOTAL COMPENSATION

6,127,534.

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

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
NEUMANN BROTHERS, INC. 1435 OHIO STREET DES MOINES, IA 50305	CONST. CONTRACTOR	514,409.
THE WEITZ COMPANY 1065 SIERRA COURT NE CEDAR RAPIDS, IA 52402	CONST. CONTRACTOR	204,075.
NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO, IL 60603	CUSTODIAN	203,781.
HAWKEYE STAGES 703 DUDLEY STREET DECORAH, IA 52101	GRND TRANSP PROVIDER	123,720.

TOTAL COMPENSATION

1,045,985.

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, FINANCIAL NEED AND OTHER SIMILAR STANDARDS. SCHEDULE A, PART V - EXPLANATION FOR LINE 34A

FINANCIAL AID IS RECEIVED FOR PELL GRANTS, SEOG, AND WORK STUDY FOR STUDENTS. THE COLLEGE ALSO RECEIVES FUNDS FOR NSF GRANTS.