Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 07/01 **, 2004, and ending** 06/30/2005

B Check if applicable: Address change; Name change; Initial return; Final return; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: TRUSTEES OF GRINNELL COLLEGE

Number and street (or P.O. box if mail is not delivered to street address): 733 BROAD STREET, ACCOUNTING

Room/suite:

City or town, state or country, and ZIP + 4: GRINNELL, IA 50112-1690

D Employer identification number 42-0680387

E Telephone number (641)269-3500

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

G Website: ▶ WWW.GRINNELL.EDU

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 540,199,166.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received: STMT 1				
	a	Direct public support	1a	8,968,252.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	924,239.		
	d	**Total** (add lines 1a through 1c) (cash $ 6,622,122. noncash $ 3,270,369.)			1d	9,892,491.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	47,981,944.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	286,005.
	5	Dividends and interest from securities			5	8,332,858.
	6 a	Gross rents	6a	54,325.		
	b	Less: rental expenses	6b	181,504.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	-127,179.
	7	Other investment income (describe ▶ STMT 2)			7	18,423,016.
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 453,986,806.	8a	(B) Other: NONE		
	b	Less: cost or other basis and sales expenses: 374,222,505.	8b	256,908.		
	c	Gain or (loss) (attach schedule): 79,764,301.	8c	-256,908.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	79,507,393.
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ [ ]				
	a	Gross revenue (not including $ _____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances STMT 3	10a	1,126,002.		
	b	Less: cost of goods sold STMT 4	10b	792,245.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	333,757.
	11	Other revenue (from Part VII, line 103)			11	115,719.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	164,746,004.
Expenses	13	Program services (from line 44, column (B))			13	84,299,617.
	14	Management and general (from line 44, column (C))			14	3,952,809.
	15	Fundraising (from line 44, column (D))			15	2,357,535.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	90,609,961.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	74,136,043.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,468,642,227.
	20	Other changes in net assets or fund balances (attach explanation) STMT 5 STMT 6			20	35,551,372.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,578,329,642.

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

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of 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 Grants and allocations (attach schedule) (cash $ 20,005,576. noncash $)	22	20,005,576.	20,005,576.	STMT 7	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	673,784.		673,784.	
26 Other salaries and wages	26	31,444,912.	28,315,957.	1,821,991.	1,306,964.
27 Pension plan contributions	27	2,816,396.	2,482,006.	210,970.	123,420.
28 Other employee benefits	28	5,419,960.	4,723,790.	383,071.	313,099.
29 Payroll taxes	29	2,188,762.	1,952,737.	144,581.	91,444.
30 Professional fundraising fees	30				
31 Accounting fees	31	73,981.	73,981.		
32 Legal fees	32	56,536.	56,536.		
33 Supplies	33	1,284,028.	1,231,973.	29,075.	22,980.
34 Telephone	34	184,834.	155,184.	10,297.	19,353.
35 Postage and shipping	35	395,353.	316,738.	21,202.	57,413.
36 Occupancy	36	5,109,627.	5,109,627.		
37 Equipment rental and maintenance	37	1,216,266.	1,214,095.	162.	2,009.
38 Printing and publications	38	2,309,561.	2,160,070.	63,043.	86,448.
39 Travel	39	1,754,601.	1,379,772.	187,208.	187,621.
40 Conferences, conventions, and meetings	40	1,297,836.	1,110,311.	125,435.	62,090.
41 Interest	41	926,233.	926,233.		
42 Depreciation, depletion, etc. (attach schedule)	42	7,481,825.	7,481,825.		
43 Other expenses not covered above (itemize): STMT 8	43a	5,969,890.	5,603,206.	281,990.	84,694.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	90,609,961.	84,299,617.	3,952,809.	2,357,535.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ _____ ; **(ii)** the amount allocated to Program services $ _____ ; **(iii)** the amount allocated to Management and general $ _____ ; and **(iv)** the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a STMT 9 (Grants and allocations $ 19,761,074.)	46,075,119.
b (Grants and allocations $ 148,512.)	14,360,068.
c (Grants and allocations $ 95,990.)	13,987,442.
d (Grants and allocations $)	9,876,988.
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	84,299,617.

Part IV **Balance Sheets** (See page 25 of the instructions.)

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
Assets					
45 Cash - non-interest-bearing				45	
46 Savings and temporary cash investments			1,992,892.	46	1,453,639.
47a Accounts receivable	47a	315,660.			
b Less: allowance for doubtful accounts	47b	181,518.	195,973.	47c	134,142.
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes and loans receivable (attach schedule) STMT 10	51a	6,814,639.			
b Less: allowance for doubtful accounts	51b	373,457.	6,135,879.	51c	6,441,182.
52 Inventories for sale or use			603,241.	52	600,489.
53 Prepaid expenses and deferred charges			1,244,484.	53	994,356.
54 Investments - securities (attach schedule) STMT 11 ▶ ☐ Cost ☒ FMV			1,137,263,150.	54	1,015,105,806.
55a Investments - land, buildings, and equipment: basis	55a	1,743,023.			
b Less: accumulated depreciation (attach schedule)	55b	389,849.	1,882,153.	55c	1,353,174.
56 Investments - other (attach schedule) STMT 12			266,368,210.	56	479,355,818.
57a Land, buildings, and equipment: basis	57a	240,151,385.			
b Less: accumulated depreciation (attach schedule)	57b	84,820,640.	128,910,922.	57c	155,330,745.
58 Other assets (describe ▶)				58	
59 **Total assets** (add lines 45 through 58) (must equal line 74)			1,544,596,904.	59	1,660,769,351.
Liabilities					
60 Accounts payable and accrued expenses			10,860,109.	60	16,711,262.
61 Grants payable				61	
62 Deferred revenue			3,661,558.	62	4,540,940.
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.
b Mortgages and other notes payable (attach schedule) STMT 14			8,692,051.	64b	8,585,642.
65 Other liabilities (describe ▶ STMT 15)			2,740,959.	65	2,601,865.
66 **Total liabilities** (add lines 60 through 65)			75,954,677.	66	82,439,709.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			1,383,479,804.	67	1,490,549,770.
68 Temporarily restricted			11,443,853.	68	10,979,880.
69 Permanently restricted			73,718,570.	69	76,799,992.
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
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	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			1,468,642,227.	73	1,578,329,642.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			1,544,596,904.	74	1,660,769,351.

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-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	182,232,765.
b	Amounts included on line **a** but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $ 36,015,652.		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): STMT 16 $-19,578,044.		
	Add amounts on lines **(1)** through **(4)** ▶	b	16,437,608.
c	Line **a** minus line **b** ▶	c	165,795,157.
d	Amounts included on line 12, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): STMT 17 $ -1,049,153.		
	Add amounts on lines **(1)** and **(2)** ▶	d	-1,049,153.
e	Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶	e	164,746,004.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	72,545,350.
b	Amounts included on line **a** but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $ 464,280.		
(4)	Other (specify): STMT 18 $ 1,049,153.		
	Add amounts on lines **(1)** through **(4)** ▶	b	1,513,433.
c	Line **a** minus line **b** ▶	c	71,031,917.
d	Amounts included on line 17, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): STMT 19 $ 19,578,044.		
	Add amounts on lines **(1)** and **(2)** ▶	d	19,578,044.
e	Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶	e	90,609,961.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation	**(E)** Expense account and other allowances
SEE STATEMENT 20		912,879.	270,767.	10,640.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of 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	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
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	X	
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			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge 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.) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization 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 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other 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 or 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	X	
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
90a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 1644			
91	The books are in care of ▶ DAVID CLAY,V.P. FOR BUSINESS Telephone no. ▶ 641-269-3500 Located at ▶ 733 BROAD STREET, GRINNELL, IA ZIP + 4 ▶ 50112-1690			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

JSA
4E1041 1.000

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a TUITION & FEES					38,673,290.
b AUXILIARY SERVICES			03	8,787,063.	
c PRESCHOOL FEES			03	18,940.	
d FINES,DEPOSITS, ET			03	477,427.	
e STUDENT LOANS			03	25,224.	
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	286,005.	
96 Dividends and interest from securities			14	8,332,858.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-127,179.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	18,423,016.	
100 Gain or (loss) from sales of assets other than inventory			18	79,507,393.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	333,757.	
103 Other revenue: a					
b STMT 21		322,355.		-206,636.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		322,355.		115,857,868.	38,673,290.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					154,853,513.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	THE ORGANIZATION IS OPERATED EXCLUSIVELY TO PROVIDE EDUCATIONAL INSTRUCTION AT THE COLLEGE LEVEL.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 22	%		50,208.	52,423.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date

▶ Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W) P00219657
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP, 400 LOCUST STREET, SUITE 740, DES MOINES, IA 50309		EIN ▶ 86-1065772	Phone no. ▶ 515-288-1200

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 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
2004

Name of the organization: TRUSTEES OF GRINNELL COLLEGE

Employer identification number: 42-0680387

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(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 MUTTI GRINNELL COLLEGE	PROF. OF E 40 PLUS	158,150.	31,408.	
THOMAS M. CRADY GRINNELL COLLEGE	VP STUDENT 40 PLUS	147,901.	31,705.	
DAVID CAMPBELL GRINNELL COLLEGE	PROF. BIOLOGY 40 PLUS	143,628.	33,090.	
JOHN KALKBRENNER GRINNELL COLLEGE	VP COLLEGE 40 PLUS	137,721.	30,542.	
JONATHAN M. BRAND GRINNELL COLLEGE	VP INST. P 40 PLUS	144,034.	31,552.	1,599.
Total number of other employees paid over $50,000 ▶	225			

Part II 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) Compensation
HOLABIRD & ROOT, LLC 300 WEST ADAMS STREET, CHICAGO, IL 60606	ARCHITECTURE	1,219,251.
SASAKI ASSOCIATES INC. 64 PLEASANT STREET, WATERTOWN, MA 02472	ARCHITECTURE	612,675.
RUANE, CUNNIFF & GOLDFARB INC 767 FIFTH AVENUE, NEW YORK, NY 10153	FUND MANAGER	4,622,738.
SOUTHEASTERN ASSET MANAGEMENT, INC 6410 POPLAR AVENUE, MEMPHIS, TN 38119	FUND MANAGER	1,577,154.
PACIFIC FINANCIAL RESEARCH 9601 WILSHIRE BLV BEVERLY HILLS CA 90210	FUND MANAGER	1,188,402.
Total number of others receiving over $50,000 for professional services ▶	13	

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(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 detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities? STMT 23	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE 990 PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
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 24	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
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?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

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** 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 [ ] 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, 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 IV-A.)

11a [ ] 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). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] 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 acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete 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), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.* NOT APPLICABLE

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do 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 unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 NOT APPLICABLE ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c**

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** %

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

(2003) _____ (2002) _____ (2001) NOT APPLICABLE (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified 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 file this list 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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add: Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 file this list with your return.** 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)

			Yes	No
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?	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, programs, and scholarships?	30	X	
31	Has the organization publicized its racially 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?	31	X	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) STMT 25			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	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:			
a	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		X
c	Employment of faculty or administrative staff?	33c		X
d	Scholarships or other financial assistance?	33d		X
e	Educational policies?	33e		X
f	Use of facilities?	33f		X
g	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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	35	X	

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	**41**		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4-Year Averaging Period Under Section 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) ▶	**(a)** 2004	**(b)** 2003	**(c)** 2002	**(d)** 2001	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** **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:	**Yes**	**No**	**Amount**
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
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.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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 received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
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? ▶ [X] Yes [ ] No

b If "Yes," complete the following schedule:

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

FORM 990, PART I - LIST OF CONTRIBUTORS

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT	GOVERNMENT GRANTS
SEE ATTACHED LIST		5,697,883.	
SEE ATTACHED LIST		3,270,369.	
SEE ATTACHED LIST			924,239.
TOTAL CONTRIBUTION AMOUNTS		8,968,252.	924,239.

FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION	AMOUNT
ROYALTIES	695,907.
NON-MARKETABLE EQUITY INCOME	17,681,322.
LIFE INSURANCE	17,071.
NOTE RECEIVABLE INCOME	26,790.
OTHER	1,926.
TOTAL	18,423,016.

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

DESCRIPTION	AMOUNT
BOOKSTORE SALES	1,126,002.
TOTAL	1,126,002.

FORM 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR	276,708.
PURCHASES	761,143.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	1,037,851.
MINUS ENDING INVENTORY	245,606.
COST OF GOODS SOLD	792,245.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	36,015,652.
TOTAL	36,015,652.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT INT. AGREEMENT	464,280.
TOTAL	464,280.

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			19,570,140.
FELLOWSHIPS			360,148.
PRIZES			75,288.
		TOTAL CONTRIBUTIONS PAID	20,005,576.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
SPECIAL PROGRAMS	4,913,545.	4,723,233.	132,113.	58,199.
DUES AND SUBSCRIPTIONS	277,883.	261,657.	7,897.	8,329.
EQUIPMENT	448,177.	417,043.	31,134.	
BANK AND COMPUTER SERVICES	330,285.	201,273.	110,846.	18,166.
TOTALS	5,969,890.	5,603,206.	281,990.	84,694.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM	DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
A	INSTRUCTIONAL PROGRAMS-HUMANITIES, SCIENCES, SOCIAL STUDIES AND SPECIAL PROGRAMS INCLUDING INTERNATIONAL EDUCATION. THE SIX-YEAR GRADUATION RATE IS 84% WITH A 1:9 FACULTY TO STUDENT RATIO. GRINNELL COLLEGE HAS APPROX. 1500 STUDENTS FROM ALL 50 STATES, DC, PUERTO RICO AND 50 OTHER COUNTRIES.	19,761,074.	46,075,119.
B	STUDENT SERVICES-REGISTRATION, COUNSELING, ADMISSION AND FINANCIAL AID, HEALTH SERVICES, INTERCOLLEGIATE ATHLETICS, LECTURES, CONVOCATIONS AND OTHER STUDENT PROGRAMS	148,512.	14,360,068.
C	INSTITUTIONAL SUPPORT-LIBRARY, FACULTY DEVELOPMENT, RESEARCH COMPUTER SERVICES, PUBLIC RELATIONS, PRINTING SERVICES, MAIL SERVICES AND OTHER EXPENDITURES TO SUPPORT THE ACTIVITY OF THE COLLEGE	95,990.	13,987,442.
D	OTHER PROGRAM SERVICES-AUXILIARY ENTERPRISES INCLUDING HOUSING AND FOOD SERVICES		9,876,988.
TOTAL		20,005,576.	84,299,617.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: INSTITUTIONAL LOAN PROGRAMS

BEGINNING BALANCE DUE	1,351,586.
ENDING BALANCE DUE	1,642,315.

BORROWER: DONOR SPONSORED LOAN PROGRAMS

BEGINNING BALANCE DUE	540,621.
ENDING BALANCE DUE	641,045.

BORROWER: PERKINS LOAN PROGRAM

BEGINNING BALANCE DUE	4,615,382.
ENDING BALANCE DUE	4,531,279.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	6,507,589.
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	6,814,639.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
SHORT-TERM INVESTMENTS	83,420,944.
US GOVT AGENCY NOTES & BONDS	155,787,068.
CORPORATE & OTHER BONDS	34,007,350.
MARKETABLE EQUITY INTERESTS	741,890,444.
TOTALS	1,015,105,806.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
NOTES RECEIVABLE	372,892.
OTHER	309,102.
NON-MARKETABLE EQUITY INTEREST	478,429,211.
LIFE INSURANCE	244,613.
TOTALS	479,355,818.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
SERIES 2001 VAR. RATE BONDS	50,000,000.
TOTALS	50,000,000.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: ANNUITIES PAYABLE

BEGINNING BALANCE DUE	8,692,051.
ENDING BALANCE DUE	8,585,642.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	8,692,051.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	8,585,642.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
DEPOSITS HELD IN CUSTODY	2,601,865.
TOTALS	2,601,865.

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

DESCRIPTION	AMOUNT
STUDENT ASSISTANCE & GRANTS	-19,578,044.
TOTAL	-19,578,044.

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

DESCRIPTION	AMOUNT
BOOKSTORE COST OF GOODS SOLD	-792,245.
LOSS ON DISPOSAL OF PROPERTY	-256,908.
TOTAL	-1,049,153.

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

DESCRIPTION	AMOUNT
BOOKSTORE COST OF GOODS SOLD	792,245.
LOSS ON DISPOSAL OF PROPERTY	256,908.
TOTAL	1,049,153.

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

DESCRIPTION	AMOUNT
STUDENT ASSISTANCE & GRANTS	19,578,044.
TOTAL	19,578,044.

FORM 990, PART V - LIST OF 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 K. OSGOOD GRINNELL COLLEGE GRINNELL, IA 50112	PRESIDENT 40 PLUS	416,950.	95,495.	260.
DAVID S. CLAY GRINNELL COLLEGE GRINNELL, IA 50112	VP & TREASURER 40 PLUS	239,095.	120,494.	10,380.
JAMES E. SWARTZ GRINNELL COLLEGE GRINNELL, IA 50112	VP ACADEMIC AFFAIRS 40 PLUS	182,434.	35,188.	
SUSAN SCHOEN GRINNELL COLLEGE GRINNELL, IA 50112	SECRETARY 40 PLUS	74,400.	19,590.	
SEE ATTACHED LIST OF TRUSTEES				
	GRAND TOTALS	912,879.	270,767.	10,640.

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
INDIRECT COST RECOVERY			21	79,727.	
PARKING			03	35,992.	
UBTI FROM PARTNERSHIPS	900000	322,355.		-322,355.	
TOTALS		322,355.		-206,636.	

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 3939 S TROOST AVENUE TULSA, OK 74105 73-0646866	100.000000	OIL AND GAS	50,208.	52,423.
TOTAL INCOME			50,208.	52,423.

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 31

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.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **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).**

OMB No. 1545-0092

2004

Name of estate or trust: TRUSTEES OF GRINNELL COLLEGE

Employer identification number: 42-0680387

Note: *Form 5227 filers need to complete* ***only*** *Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year 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 basis (see page 33)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1						

2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2003 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than 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 basis (see page 33)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6						
	SEE STATEMENT 1			453,986,806.	374,222,505.	79,764,301.

7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2003 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below ▶	12	79,764,301.

Part III Summary of Parts I and II

Caution: *Read the instructions* ***before*** *completing this part.*

			(1) Beneficiaries' (see page 34)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			
14	**Net long-term gain or (loss):**				
a	Total for year	14a			79,764,301.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34)	14b			
c	28% rate gain or (loss)	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			79,764,301.

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, and* ***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.*

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

Part IV 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	16	( )

If the loss on line 15, column (3), is more than $3,000, ***or*** *if Form 1041, page 1, line 22, is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 36 of the instructions to determine your capital loss carryover.*

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 2b(2), **and** Form 1041, line 22 is more than zero.)

Note: *If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 17.*

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	18			
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19			
20	Add lines 18 and 19	20			
21	If the estate or trust is filing Form 4952, enter the 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	Enter the **smaller** of the amount on line 17 or $1,950		24		
25	Is the amount on line 23 equal to or more than the amount on line 24? [X] **Yes.** Skip lines 25 through 27; go to line 28 and check the "No" box. [ ] **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? [X] **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 2004 Tax Rate Schedule on page 22 of the instructions			32	**NONE**
33	Add lines 27, 31, and 32			33	**NONE**
34	Figure the tax on the amount on line 17. Use the 2004 Tax Rate Schedule on page 22 of the instructions			34	
35	**Tax on all taxable income.** Enter the **smaller** of line 33 or line 34 here and on line 1a of Schedule G, Form 1041			35	

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
SECURITIES	VARIOUS	VARIOUS	453,986,806.	374,222,505.	79,764,301.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			453,986,806.	374,222,505.	79,764,301.
Totals			453,986,806.	374,222,505.	79,764,301.

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-0184

2004

Attachment Sequence No. **27**

Name(s) shown on return: TRUSTEES OF GRINNELL COLLEGE

Identifying number: 42-0680387

1 Enter the gross proceeds from sales or exchanges reported to you for 2004 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . . 1

Part I **Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2							

3 Gain, if any, from Form 4684, line 39 . . . 3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . 4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . 5

6 Gain, if any, from line 32, from other than casualty or theft . . . 6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . . 7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

All others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on Schedule D and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions) . . . 8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on Schedule D (see instructions) . . . 9

Part II **Ordinary Gains and Losses**

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

SEE STATEMENT 1						-256,908.

11 Loss, if any, from line 7 . . . 11 ( )

12 Gain, if any, from line 7 or amount from line 8, if applicable . . . 12

13 Gain, if any, from line 31 . . . 13

14 Net gain or (loss) from Form 4684, lines 31 and 38a . . . 14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . 15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . 16

17 Combine lines 10 through 16 . . . 17 -256,908.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18a." See instructions . . . 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 . . . 18b

For Paperwork Reduction Act Notice, see page 8 of the instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing.*)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

TRUSTEES OF GRINNELL COLLEGE **42-0680387**

Supplement to Form 4797 Part II Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
FIXED ASSETS	VARIOUS	VARIOUS	NONE		256,908.	-256,908.
Totals						-256,908.

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