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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)

OMB NO 1545-0047

2004**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 08/01/04 and ending 07/31/05**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**HENDRIX COLLEGE**

Number and street (or P O box if mail is not delivered to street address) Room/suite

1600 Washington Ave

City or town, state or country, and ZIP + 4

Conway, AR 72032**D** Employer identification number**71 : 0236897****E** Telephone number**(501) 450-1333****F** Accounting method: ☐ Cash ☒ 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).

G Web site: ▶ **www.hendrix.edu****J** Organization type (check only one) ▶ ☒ 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.**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ 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 ☒ No**I** Group Exemption Number ▶**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 ▶ **77,478,873****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:			
	a Direct public support	1a	14,270,710	
	b Indirect public support	1b	0	
	c Government contributions (grants)	1c	2,273,259	
	d Total (add lines 1a through 1c) (cash \$ 16,543,969 noncash \$ 0)	1d	16,543,969	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	21,817,876	
	3 Membership dues and assessments	3	0	
	4 Interest on savings and temporary cash investments	4	2,162,757	
	5 Dividends and interest from securities	5	1,245,130	
	6a Gross rents	6a	0	
	b Less: rental expenses	6b	0	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
7 Other investment income (attach schedule)	7	0		
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	35,590,914	8a 0
	b Less: cost or other basis and sales expenses		28,513,410	8b 0
	c Gain or (loss) (attach schedule) Stmt 1		7,077,504	8c 0
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d 7,077,504
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	0	
	b Less: direct expenses other than fundraising expenses	9b	0	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0	
	10a Gross sales of inventory, less returns and allowances	10a	0	
	b Less: cost of goods sold	10b	0	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
	11 Other revenue (from Part VII, line 103)	11	118,227	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	48,965,463		
Expenses	13 Program services (from line 44, column (B))	13	25,345,080	
	14 Management and general (from line 44, column (C))	14	13,340,145	
	15 Fundraising (from line 44, column (D))	15	1,817,827	
	16 Payments to affiliates (attach schedule)	16	0	
	17 Total expenses (add lines 13 and 14, column (A))	17	40,503,052	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	8,462,411	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	167,881,296	
	20 Other changes in net assets or fund balances (attach explanation) Stmt 2	20	8,212,613	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	184,556,320	

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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 21 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) Stmt 3 (cash \$ 8,844,846 noncash \$ 0)	22 8,844,846	8,844,846		
23	Specific assistance to individuals (schedule)	23 0	0		
24	Benefits paid to or for members (schedule)	24 0	0		
25	Compensation of officers, directors, etc.	25 772,234	236,624	384,242	151,368
26	Other salaries and wages	26 12,352,924	7,774,390	3,886,859	691,675
27	Pension plan contributions	27 980,914	664,569	255,977	60,368
28	Other employee benefits	28 3,163,417	918,457	2,155,567	89,393
29	Payroll taxes	29 919,057	557,560	304,547	56,950
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 57,068	0	57,068	0
32	Legal fees	32 31,145	0	31,145	0
33	Supplies	33 922,543	444,801	453,715	24,027
34	Telephone	34 135,307	26,227	100,048	9,032
35	Postage and shipping	35 218,275	107,193	22,176	88,906
36	Occupancy	36 1,710,048	1,710,048	0	0
37	Equipment rental and maintenance	37 334,338	45,036	289,227	75
38	Printing and publications	38 638,953	438,175	56,706	144,072
39	Travel	39 793,395	478,076	235,994	79,325
40	Conferences, conventions, and meetings	40 236,911	103,172	118,398	15,341
41	Interest	41 1,026,036	0	1,026,036	0
42	Depreciation, depletion, etc. (schedule) Stmt 4	42 2,357,060	2,123,413	212,637	21,010
43	Other expenses not covered above (itemize): a	43a 5,008,581	872,493	3,749,803	386,285
b	See Statement 5	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 40,503,052	25,345,080	13,340,145	1,817,827

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 24 of the instructions.)What is the organization's primary exempt purpose? **To provide college education and research**

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	See Statement 6	
	(Grants and allocations \$ _____)	
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	25,345,080

Part IV Balance Sheets (See page 24 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
45	Cash- non-interest-bearing	0	45	0
46	Savings and temporary cash investments	5,566,440	46	27,476,344
47a	Accounts receivable	828,274		
b	Less: allowance for doubtful accounts	166,648	47c	661,626
48a	Pledges receivable	10,653,980		
b	Less: allowance for doubtful accounts	0	48c	10,653,980
49	Grants receivable	476,074	49	447,024
50	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
51a	Other notes and loans receivable (attach schedule). See Statement 7.	1,643,050		
b	Less: allowance for doubtful accounts	158,718	51c	1,484,332
52	Inventories for sale or use	0	52	0
53	Prepaid expenses and deferred charges	620,525	53	990,889
54	Investments- securities (schedule) Stmt 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	113,359,376	54	124,424,742
55a	Investments- land, buildings, and equipment: basis	3,820,189		
b	Less: accumulated depreciation (attach schedule). See Statement 9	0	55c	3,820,189
56	Investments- other (attach schedule)	0	56	0
57a	Land, buildings, and equipment: basis	92,805,985		
b	Less: accumulated depreciation (attach schedule). Stmt 10.	29,932,217	57c	62,873,768
58	Other assets (describe ▶ See Statement 11)	691,527	58	1,596,382
59	Total assets (add lines 45 through 58) (must equal line 74)	192,816,740	59	234,429,276
60	Accounts payable and accrued expenses	2,051,871	60	3,109,359
61	Grants payable	0	61	0
62	Deferred revenue	873,149	62	1,030,092
63	Loans from officers, directors, trustees, and key employees (attach schedule).	0	63	0
64a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
b	Mortgages and other notes payable (attach schedule) Stmt 12.	12,587,500	64b	35,160,000
65	Other liabilities (describe ▶ See Statement 13)	9,422,924	65	10,573,505
66	Total liabilities (add lines 60 through 65)	24,935,444	66	49,872,956
67	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.	96,908,790	67	100,656,311
68	Unrestricted	32,904,139	68	39,549,153
69	Temporarily restricted	38,068,367	69	44,350,856
70	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		70	
71	Capital stock, trust principal, or current funds		71	
72	Paid-in or capital surplus, or land, building, and equipment fund		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).	167,881,296	73	184,556,320
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	192,816,740	74	234,429,276

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 26 of the instructions.)

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	52,092,073	a	Total expenses and losses per audited financial statements . . . ▶	a	31,918,819
b	Amounts included on line a but not on line 12, Form 990:			b	Amounts included on line a but not on line 17, Form 990:		
(1)	Net unrealized gains on investments . . . \$ -5,258,114			(1)	Donated services and use of facilities \$ 0		
(2)	Donated services and use of facilities \$ 0			(2)	Prior year adjustments reported on line 20, Form 990 \$ 0		
(3)	Recoveries of prior year grants . . . \$ 0			(3)	Losses reported on line 20, Form 990 . . . \$ 0		
(4)	Other (specify):			(4)	Other (specify):		
	-----				-----		
	\$ 0				\$ 0		
	Add amounts on lines (1) through (4) ▶	b	-5,258,114		Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	57,350,187	c	Line a minus line b ▶	c	31,918,819
d	Amounts included on line 12, Form 990 but not on line a :			d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ 0			(1)	Investment expenses not included on line 6b, Form 990 . . . \$ 0		
(2)	Other (specify):			(2)	Other (specify):		
	-----				-----		
	See Statement 14 \$ -8,384,724				See Statement 14 \$ 8,584,233		
	Add amounts on lines (1) and (2) ▶	d	-8,384,724		Add amounts on lines (1) and (2) ▶	d	8,584,233
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	48,965,463	e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	40,503,052

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 26 of the instructions)

[illegible]

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 26 of the instructions.

Part VI Other Information (See page 27 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78b If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
80b If "Yes," enter the name of the organization See Statement 17		
and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter direct or indirect political expenditures. See line 81 instructions. 81a 0		
81b Did the organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82b 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.)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85c Dues, assessments, and similar amounts from members		
85d Section 162(e) lobbying and political expenditures		
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h 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?		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b Gross receipts, included on line 12, for public use of club facilities.		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders.		
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
89b 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0
d Enter. Amount of tax on line 89c, above, reimbursed by the organization.		0
90a List the states with which a copy of this return is filed None		
90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	371	
91 The books are in care of Hendrix College Business Office Telephone no. 501-450-1333 Located at 1600 Washington Ave., Conway, AR ZIP + 4 72032		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		
93 Program service revenue:						
a Tuition and fees						16,469,832
b Auxiliary enterprises	721000	6,453				5,154,119
c Miscellaneous Fees	812900	16,625				170,847
d						
e						
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	2,162,757		
96 Dividends and interest from securities			14	1,245,130		
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						
100 Gain or (loss) from sales of assets other than inventory			18	7,077,504		
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
103 Other revenue: a Change in value of split in			03	88,979		
b Change in equity in perpetual trusts			03	29,248		
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))		23,078		10,603,618		21,794,798
105 Total (add line 104, columns (B), (D), and (E)).						32,421,494

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 32 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)
1	See Statement 18

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 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).

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.

Please Sign Here

Signature of officer **Shawn Mathis, AVP for Business & Finance** Date **6/13/2006**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature **[Signature]** Date **[Date]** Check if self-employed ☐ Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4 **[Address]** EIN **[EIN]** Phone no **[Phone]**



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.)**

OMB No 1545-0047

2004▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**Name of the organization
HENDRIX COLLEGEEmployer identification number
71 0236897**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
Warfield Teague 1600 Washington Ave, Conway, AR 72032, US	Professor 40	97,000	13,865	0
Daniel Powell 1600 Washington Ave, Conway, AR 72033, US	Athletic Director 40	83,000	19,066	0
Peg Falls-Corbitt 1600 Washington Ave, Conway, AR 72032, US	Dir-Hendrix-Lilly 40	80,800	18,970	0
Loyd Ryan 1600 Washington Ave, Conway, AR 72032, US	AVP of Bus Affairs 40	79,500	16,133	0
Garrett McAinsh 1600 Washington Ave, Conway, AR 72032, US	Professor 40	78,300	15,994	0
Total number of other employees paid over \$50,000 ▶	69			

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
Trison Construction, Inc. 4000 NW 39th Expressway, Oklahoma City, OK 73112, US	Construction	2,129,525
George Dehne and Associates 3331 Cotton Field Dr., Mt. Pleasant, SC 29466, US	Consulting	615,654
Kirchner Architecture, P.A. Plaza West Bulding, Little Rock, AR 72205, US	Architecture	347,748
Nabholz Construction Corp 612 Garland, Conway, AR 72032, US	Construction	322,199
Duany & Plater-Zyberk 1023 SW 25th Ave., Miami, FL 33135, US	Consulting	231,089
Total number of others receiving over \$50,000 for professional services ▶	30	

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

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public 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)

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.)

- | | Yes | No |
|---|-----|----|
| a Sale, exchange, or leasing of property? | | ✓ |
| b Lending of money or other extension of credit? | | ✓ |
| c Furnishing of goods, services, or facilities? | | ✓ |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Pt. V | ✓ | |
| e Transfer of any part of its income or assets? | | ✓ |
| 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) Stmt. 19. | ✓ | |
| b Do you have a section 403(b) annuity plan for your employees? | ✓ | |
| 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | ✓ |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | | ✓ |

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

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

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☒ 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.

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. . . . ▶					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) _____ (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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) See Statement 20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to either 34a or b, please explain using an attached statement Stmt 21		
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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—		
<p>If the amount on line 40 is— The lobbying nontaxable amount is—</p> <p>Not over \$500,000 20% of the amount on line 40.</p> <p>Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000</p> <p>Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000</p> <p>Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000</p> <p>Over \$17,000,000 \$1,000,000</p>		41	
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.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(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
(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.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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		✓
	(ii) Other assets		✓
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		✓
	(ii) Purchases of assets from a noncharitable exempt organization		✓
	(iii) Rental of facilities, equipment, or other assets		✓
	(iv) Reimbursement arrangements		✓
	(v) Loans or loan guarantees		✓
	(vi) Performance of services or membership or fundraising solicitations		✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		✓

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

[illegible]

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? ☒ **Yes** ☐ **No**

b If "Yes," complete the following schedule

[illegible]

Statement 1

Form 990

Page 1

Part. I

Question: 8

HENDRIX COLLEGE**71-0236897**

Sales of Assets Other than Inventory

Publicly Traded Securities**Description:****Sold To:****Sales Price:** \$35,590,914.00**Expense of Sale:** \$0.00**Cost or value when acquired:** \$28,513,410.00**Depreciation since acquisition:** \$0.00**Net Sale:** \$7,077,504.00**Date Sold:****Date acquired:****How acquired:**

Statement 2

Form 990

Page: 1

Part I

Question: 20

HENDRIX COLLEGE**71-0236897****Other changes in Net Assets or Fund Balances**

Explanation	Amount
Unrealized gains(losses) on investments	\$8,241,213.00
Transfer out to the Murphy Foundation	-\$28,600 00
Total:	\$8,212,613.00

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Form. 990
Page. 2
Part. II
Question. 22

HENDRIX COLLEGE
71-0236897

Grants and Allocations

Classification Scholarships and Grants Various
Date:
Type: Cash **Address:** 1600 Washington Ave
Grant Amt \$7,907,024 00 Conway, AR 72034
United States

Purp of payment to affiliate
Relationship: None
Description of Property:

How Determined

Book Value of Property:
FMV of Property:

Classification College Work Study Hendrix College
Date:
Type: Cash **Address:** 1600 Washington Ave
Grant Amt \$232,958.00 Conway, AR 72032
United States

Purp of payment to affiliate
Relationship: None
Description of Property:

How Determined

Book Value of Property:
FMV of Property:

Classification Supplemental Educational Opportunity Hendrix College
Date:
Type: Cash **Address:** 1600 Washington
Grant Amt \$97,221 00 Conway, AR 72032
United States

Purp of payment to affiliate
Relationship: None
Description of Property:

How Determined

Book Value of Property:
FMV of Property:

Classification Pell Grants Hendrix College
Date:
Type: Cash **Address:** 1600 Washington
Grant Amt \$607,643 00 Conway, AR 72032
United States

Purp of payment to affiliate
Relationship: None
Description of Property:

How Determined

Book Value of Property:

FMV of Property:

Total Grants:

\$8,844,846.00

Statement 4

Form: 990

Page: 2

Part II

Question 42

HENDRIX COLLEGE**71-0236897****Depreciation and Depletion**

Asset	Current Deprec.
Land & Improv	\$58,933.00
Building	\$1,290,530.00
Equipment	\$831,183.00
Library Books	\$176,414.00
Total	\$2,357,060.00

Statement 5

Form 990

Page 2

Part: II

Question 43

HENDRIX COLLEGE**71-0236897****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Student Services	\$4,499,398 00	\$749,595.00	\$3,749,803.00	\$0 00
Institutional Support	\$405,541 00	\$19,256 00	\$0.00	\$386,285 00
Instruction	\$103,642 00	\$103,642 00	\$0.00	\$0 00
Total:	\$5,008,581.00	\$872,493.00	\$3,749,803.00	\$386,285.00

Statement 6

Form. 990

Page: 2

Part III

Question

HENDRIX COLLEGE**71-0236897****Program Services**

Achievement	Pgm. Svc. Exp.
Higher Education Instruction (1000 Number of students)	\$6,860,689.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Student Financial Aid Programs, General/Other: Student Aid (1000 students)	\$8,844,846.00
Grants and Allocations: \$8,844,846.00 This amount includes foreign grants: N/A	
Student Services Programs, General/Other: Student Services (1000 students)	\$9,639,545.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$25,345,080.00

Statement 7

Form 990

Page 3

Part IV

Question 51

HENDRIX COLLEGE**71-0236897****Schedule of Other Notes and Loans Receivable**

Borrower's Name:	Various
Borrower's Title:	
Original Amount:	\$1,643,050.00
Balance Due:	\$1,643,050.00
Date of Note:	01/01/2000
Maturity Date:	01/01/2010
Repayment Terms:	Monthly
Interest Rate:	5
Security Provided by Borrower:	Signature Guranty
Purpose of Loan:	Education Financing
Description of Consideration:	Future Payments
FMV of Consideration:	\$0.00
Relationship of Borrower/Lender:	None

Total Due:	\$1,643,050.00
-------------------	-----------------------

Statement 8

Form 990

Page: 3

Part. IV

Question: 54

HENDRIX COLLEGE**71-0236897****Investments - Securities**

Security	Valuation Type	Amount
Equity Funds	FMV	\$55,240,877.00
Corporate Stocks	FMV	\$25,809,367.00
Fixed Income Funds	FMV	\$18,357,564.00
Limited Partnerships	FMV	\$11,542,252.00
Money Market Funds	FMV	\$1,173,901.00
Other Investments	FMV	\$12,300,781.00
Total:		\$124,424,742.00

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Page 3
Part: IV
Question 55

HENDRIX COLLEGE
71-0236897

Schedule of Investment Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Real Estate Funds	\$3,820,189 00	\$0 00	\$3,820,189.00
Total:	\$3,820,189.00	\$0.00	\$3,820,189.00

Statement 10

Form 990

Page 3

Part. IV

Question: 57

HENDRIX COLLEGE**71-0236897****Schedule of Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Land and Improvements	\$5,084,122.00	\$657,540 00	\$4,426,582.00
Buildings	\$64,134,396.00	\$15,192,353 00	\$48,942,043.00
Equipment	\$12,840,354 00	\$10,061,291.00	\$2,779,063 00
Library Books	\$6,985,991 00	\$4,021,033.00	\$2,964,958 00
Construction in Progress	\$3,761,122 00	\$0.00	\$3,761,122 00
Total:	\$92,805,985.00	\$29,932,217.00	\$62,873,768.00

Statement 11

Form 990

Page: 3

Part. IV

Question 58

HENDRIX COLLEGE**71-0236897****Other Assets**

Asset Description	BOY Amount	EOY Amount
Beneficial Interest in perpetual trust	\$360,263 00	\$389,511 00
Deferred Compensation Asset	\$331,264.00	\$483,792 00
Bond Issue Costs	\$0 00	\$646,865.00
Other assets	\$0 00	\$76,214.00
Total:	\$691,527.00	\$1,596,382.00

Statement 12

Form: 990

Page 3

Part IV

Question: 64b

HENDRIX COLLEGE**71-0236897****Mortgages and Other Notes Payable**

Type:	Non-Mortgage
Lender's Name:	Bond Holders
Original Amount:	\$12,940,000 00
Balance Due:	\$12,940,000.00
Date of Note:	04/01/2005
Maturity Date:	04/01/2026
Repayment Terms:	Semi-Annual payments
Interest Rate:	4 54
Security Provided by Borrower:	Future Revenues
Purpose of Loan:	Refinance previous bond issue
Description of Consideration:	Future Revenues
FMV of Consideration:	\$0.00
Relationship:	None

Type:	Non-Mortgage
Lender's Name:	Bond Holders
Original Amount:	\$22,220,000 00
Balance Due:	\$22,220,000 00
Date of Note:	04/01/2005
Maturity Date:	10/01/2035
Repayment Terms:	semi-annual payments
Interest Rate:	4.83
Security Provided by Borrower:	Future Revenues
Purpose of Loan:	Capital Projects
Description of Consideration:	Future Revenues
FMV of Consideration:	\$0.00
Relationship:	None

Total Due:	\$35,160,000.00
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Statement 13

Form 990

Page 3

Part: IV

Question 65

HENDRIX COLLEGE**71-0236897****Other Liabilities**

Liability Description	BOY Amount	EOY Amount
Deposits held in custody for others	\$107,076 00	\$112,410.00
Accrued postretirement benefit costs	\$4,803,588 00	\$5,788,358 00
Refundable advances on federal gov loans	\$848,633 00	\$818,474 00
Annuities Payable	\$3,663,627 00	\$3,854,263.00
Total:	\$9,422,924.00	\$10,573,505.00

Statement 14

Form 990

Page 4

Part IV-A

Question d(2)

HENDRIX COLLEGE**71-0236897****Revenue Audit Line d(2)**

Description	Amount
Scholarships and Financial aid per audit	\$8,845,565 00
Hendrix-Murphy Revenues	-\$17,230,289 00
Total:	-\$8,384,724.00

Statement 15

Form. 990

Page: 4

Part. IV-B

Question. d(2)

HENDRIX COLLEGE**71-0236897****Expense Audit Line d(2)**

Description	Amount
Scholarships and Financial Aid per Audit	\$8,845,568 00
Hendrix-Murphy expenses	-\$261,335.00
Total:	\$8,584,233.00

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Form 990

Page 4

Part V

Question

HENDRIX COLLEGE**71-0236897****Officers, Directors, Trustees, and Key Employees**

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Bishop Charles N. Crutchfield	0	\$0 00	\$0.00	\$0.00
Title: Trustee				
Addr 1 #2 Trudie Kibbe Reed Drive				
Addr 2				
CSZ Little Rock, AR 72227				
Country: United States				
Dan Peregrin	0	\$0 00	\$0.00	\$0 00
Title: Trustee				
Addr 1. 20 River Ridge Road				
Addr 2:				
CSZ: Little Rock, AR 72227				
Country: United States				
David Knight	0	\$0 00	\$0 00	\$0.00
Title: Trustee				
Addr 1: 3 W Palisades Dr				
Addr 2.				
CSZ Little Rock, AR 72207				
Country: United States				
Dr James McKenzie	0	\$0 00	\$0 00	\$0 00
Title: Trustee				
Addr 1: 2201 NW Vassar Court				
Addr 2.				
CSZ Bentonville, AR 72712				
Country United States				
Dr Joseph Bates	0	\$0 00	\$0.00	\$0.00
Title. Trustee				
Addr 1: 5 Glenndge Rd.				
Addr 2:				
CSZ Little Rock, AR 72227				
Country: United States				
Dr. Larry Pearce	0	\$0 00	\$0 00	\$0 00
Title Trustee				
Addr 1: 2200 Garner Lane				
Addr 2:				
CSZ: Fort smith, AR 72901				
Country: United States				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Dr Mary Louise Corbitt	0	\$0.00	\$0.00	\$0 00
Title: Trustee Addr 1: 17 Bent Tree Drive Addr 2: CSZ: Little Rock, AR 72212 Country: United States				
Dr. Mitzi A. Washington	0	\$0 00	\$0.00	\$0.00
Title: Trustee Addr 1: 3013 Country Club Road Addr 2: CSZ: Searcy, AR 72143 Country: United States				
Dr Morriss M. Henry	0	\$0 00	\$0 00	\$0 00
Title: Trustee Addr 1: 2465 Common Drive Addr 2: CSZ: Fayetteville, AR 72703 Country: United States				
Dr. Robert E L. Bearden	0	\$0 00	\$0.00	\$0 00
Title: Trustee Addr 1: 11223 Yosemite Valley Drive Addr 2: CSZ: Little Rock, AR 72212 Country: United States				
Dr. Russell Wood	0	\$0 00	\$0 00	\$0 00
Title: Trustee Addr 1: 601 W maple Ave Addr 2: CSZ: Springdale, AR 72764 Country: United States				
Ella Lou Hagaman	0	\$0 00	\$0 00	\$0 00
Title: Trustee Addr 1: P.O Box 522 Addr 2: CSZ: Magnolia, AR 71754 Country: United States				
Frank Cox	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 21 El Dorado Addr 2: CSZ: Little Rock, AR 72212				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Country: United States				
J Tim Cloyd	40	\$178,500.00	\$115,766 00	\$0 00
Title President				
Addr 1 1600 Washington Ave				
Addr 2				
CSZ Conway, AR 72032				
Country: United States				
Joyce Hardin	40	\$94,793 00	\$20,721.00	\$0.00
Title Vice President				
Addr 1 1600 Washington Ave				
Addr 2:				
CSZ: Conway, AR 72032				
Country United States				
Karen Foust	40	\$103,000 00	\$12,394 00	\$0.00
Title: Vice President				
Addr 1: 1600 Washington Ave				
Addr 2:				
CSZ: Conway, AR 72032				
Country: United States				
Margaret Dorman	0	\$0 00	\$0.00	\$0 00
Title: Trustee				
Addr 1 411 N. Sam Houston Pkwy				
Addr 2:				
CSZ: Houston, TX 77205				
Country: United States				
Martin Rhodes	0	\$0.00	\$0.00	\$0 00
Title: Trustee				
Addr 1: 2120 Riverfront Dr.				
Addr 2:				
CSZ Little Rock, AR 72202				
Country: United States				
Mr. A. Byron Nimocks, III	0	\$0.00	\$0.00	\$0.00
Title Trustee				
Addr 1 35 Drake Smith Lane				
Addr 2:				
CSZ. Rye, NY 10580				
Country. United States				
Mr. Allen McGee	0	\$0.00	\$0 00	\$0.00
Title: Trustee				
Addr 1: 6585 Landings Court				
Addr 2:				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Boca Raton, FL 33496 Country: United States				
Mr. Arthur W. Epley, III	0	\$0.00	\$0 00	\$0 00
Title: Trustee Addr 1 3636 Ella Lee Lane Addr 2: CSZ: Houston, TX 77027 Country United States				
Mr B. Kent Ritchey	0	\$0.00	\$0 00	\$0.00
Title Trustee Addr 1 8565 Woodlane Addr 2: CSZ: Germantown, TN 38128 Country. United States				
Mr Charles D Morgan	0	\$0 00	\$0.00	\$0.00
Title: Trustee Addr 1 P O. Box 8180 Addr 2 CSZ Little Rock, AR 72203 Country United States				
Mr Craig L Leipold	0	\$0 00	\$0.00	\$0.00
Title: Trustee Addr 1 555 Main Street, #500 Addr 2: CSZ: Racine, WI 53403 Country: United States				
Mr Henry C. Browne, Jr.	0	\$0.00	\$0 00	\$0 00
Title. Trustee Addr 1 5708 Warden Road Addr 2 CSZ: Sherwood, AR 72124 Country United States				
Mr. Philip E Dixon	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1 1311 North Hughes Addr 2. CSZ: Little Rock, AR 72207 Country: United States				
Mr R Madison Murphy	0	\$0 00	\$0.00	\$0.00
Title: Trustee Addr 1 200 North Jefferson, #400				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 2: CSZ: El Dorado, AR 71730 Country: United States				
Mr Robert R. Brown, Jr.	0	\$0 00	\$0 00	\$0.00
Title: Trustee Addr 1 116 West Elm Addr 2 CSZ: El Dorado, AR 71730 Country United States				
Mr Stephen M. Patterson	0	\$0 00	\$0 00	\$0.00
Title: Trustee Addr 1: 45 Hickory Hills Circle Addr 2: CSZ: Little Rock, AR 72212 Country: United States				
Mrs Cynthis C Sandefur	0	\$0.00	\$0.00	\$0 00
Title Trustee Addr 1: 3402 Texas Boulevard Addr 2: CSZ: Texarkana, TX 75503 Country United States				
Mrs Johnnie D. Amonette	0	\$0.00	\$0 00	\$0 00
Title. Trustee Addr 1: 665 South Willett Addr 2 CSZ: Memphis, TN 38104 Country United States				
Ms. Jo Ann Biggs	0	\$0.00	\$0 00	\$0.00
Title: Trustee Addr 1 1601 Bryan, 30th floor Addr 2 CSZ: Dallas, TX 75201 Country United States				
Ms. Julia P Mobley	0	\$0.00	\$0.00	\$0.00
Title Trustee Addr 1. P. O. Box 75504 Addr 2 CSZ: Texarkana, TX 75504 Country United States				
Rev. Michael Morey	0	\$0.00	\$0.00	\$0.00
Title: Trustee				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 1 304 N Main Addr 2: CSZ Searcy, AR 72143 Country United States				
Reverend Bennie Warner	0	\$0.00	\$0.00	\$0.00
Title Trustee Addr 1: 484 Elaine Avenue, NW Addr 2 CSZ Camden, AR 71701 Country United States				
Reverend C Waymon Hollis	0	\$0 00	\$0 00	\$0.00
Title Trustee Addr 1: #3 Tishimingo Trace Addr 2: CSZ Cherokee Village, AR 72529 Country United States				
Reverend David B. Wilson	0	\$0.00	\$0.00	\$0 00
Title: Trustee Addr 1: 1100 Central Avenue Addr 2: CSZ Hot Springs, AR 71901 Country. United States				
Reverend Deidre J Roberts	0	\$0.00	\$0 00	\$0 00
Title: Trustee Addr 1: 2409 Ozark Addr 2 CSZ North Little Rock, AR 72116 Country United States				
Reverend Pamela J Estes	0	\$0.00	\$0.00	\$0 00
Title: Trustee Addr 1: 701 W, Main St. Addr 2: CSZ Blytheville, AR 72315 Country United States				
Reverend Philip L. Hathcock	0	\$0.00	\$0 00	\$0 00
Title Trustee Addr 1: 1610 Prince Street Addr 2 CSZ Conway, AR 72032 Country: United States				
Reverend Ramiro Lizcano	0	\$0.00	\$0 00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Title: Trustee Addr 1: 1520 W Huntsville Ave Addr 2: CSZ: Springdale, AR 72764 Country: United States				
Reverend Robert E Langley	0	\$0 00	\$0 00	\$0.00
Title: Trustee Addr 1: 31 Timber Ridge Circle Addr 2: CSZ: Arkadelphia, AR 71923 Country: United States				
Reverend Rodney G Steele	0	\$0.00	\$0 00	\$0 00
Title: Trustee Addr 1: 400 E Sixth Street Addr 2: CSZ: Texarkana, AR 71854 Country: United States				
Reverend Thomas E Weir	0	\$0 00	\$0 00	\$0.00
Title: Trustee Addr 1: 715 Center Street Addr 2: CSZ: Little Rock, AR 72201 Country: United States				
Rob Young	40	\$102,742.00	\$18,267 00	\$0.00
Title: Vice President Addr 1: 1600 Washington Ave Addr 2: CSZ: Conway, AR 72032 Country: United States				
Robert Entzminger	40	\$141,831 00	\$19,538.00	\$0.00
Title: Vice President Addr 1: 1600 Washington Ave Addr 2: CSZ: Conway, AR 72032 Country: United States				
Rock Jones	40	\$151,368.00	\$77,510.00	\$0 00
Title: Vice President Addr 1: 1600 Washington Ave Addr 2: CSZ: Conway, AR 72032 Country: United States				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
TOTALS		\$772,234.00	\$264,196.00	\$0.00

Statement 17

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Page 5

Part: VI

Question 80 b

HENDRIX COLLEGE**71-0236897****Related Organizations**

Description	Exempt
Hendrix-Murphy Foundation	Yes

Statement 18

Form 990

Page 6

Part VIII

Question

HENDRIX COLLEGE**71-0236897****Relationship of Activities**

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	Tuition and fees represent the principal funding for the College
93 b	Auxiliary income provides funding for food and housing for students
93 c	Miscellaneous fees contribute funding to ongoing operations and programs

Statement 19
Form Schedule A
Page 2
Part III
Question: 3

HENDRIX COLLEGE
71-0236897

Explanation of Grant Determination

Explanation of grant qualifications

The College awards scholarships based on the stipulations imposed by the donors. The College awards grants and loans based on financial need

Statement 20
Form. Schedule A
Page. 4
Part: V
Question: 31

HENDRIX COLLEGE
71-0236897

Publicize Racially Nondiscriminatory Policy

Explanation/Description

During registration process students are provided with opprotunites to review racially nondiscriminatory policy.

Statement 21
Form: Schedule A
Page: 4
Part: V
Question: 34

HENDRIX COLLEGE
71-0236897

Financial Assistance

Explanation

The College utilizes federal government loan programs for Financial Aid packages.

Statement 22
Form Schedule A
Page. 6
Part: VII
Question 52 b

HENDRIX COLLEGE
71-0236897

Relationships with Noncharitable Exempt Organizations

Name of Organization	Type
Hendrix-Murphy Foundation	501(c)(3)
Foundation of the College	