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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 private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2013 calendar year, or tax year beginning and	ending						
В	Check if applicable	C Name of organization		D Employer identific	ation number				
Г	Address	DAVENPORT FOUNDATION, INC.							
È	Name change	Doing Business As	43-19	936402					
Ė	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Termin- ated	407 CORNELL HALL		573-8	382-7 474				
Ĺ	Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	283,389.				
	Applica tion	COLUMBIA, MO 65211		H(a) Is this a group re	turn				
	pending	F Name and address of principal officer: JEFF VOGEL		for subordinates	? Yes X No				
		407 CORNELL HALL, COLUMBIA, MO 65211		H(b) Are all subordinates in	cluded? Yes No				
	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)				
		e: ▶ N/A		H(c) Group exemption					
		organization: X Corporation	L Year	of formation: 2001 M	State of legal domicile: MO				
<u>lP</u>		Summary			····				
) 8	1 E	Bnefly describe the organization's mission or most significant activities: FUND							
Governance	9	ORGANIZATION FORMED SOLELY FOR THE BENEF							
er e	2 (Check this box if the organization discontinued its operations or dispose	sed of more	1 1					
	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3					
		lumber of independent voting members of the governing body (Part VI, line 1b)	•	. 4	5 0				
ies	5 7	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	<u>U</u>				
Activities &	6]	otal number of volunteers (estimate if necessary)	•	6	5				
Ą		otal unrelated business revenue from Part VIII, column (C), line 12		7a	<u>0.</u>				
_	b	Net unrelated business taxable income from Form 990-T, line 34	T						
		Dead-State and accorded (Dead VIIII) lines 4 let		Prior Year 177,704.	Current Year 223,631.				
ne ne	8 (Contributions and grants (Part VIII, line 1h)	-	1//,/04.	223,031.				
Revenue	9 F	Program service revenue (Part VIII, line 2g)	-	51,034.	25,554.				
B	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	·	0.	23,334.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		228,738.	249,185.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Frants and similar amounts paid (Part IX, column (A), lines 1-3)	··-	31,181.	65,927.				
	i	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	. ـ . ا	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• -	4,298.	0.				
Se	162	Professional fundraising fees (Part IX, column (A), line 11e)	.	0.	0.				
Expenses		Fotal fundraising expenses (Part IX, column (D), line 25)	0.						
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,499.	32,800.				
		Fotal expenses. Add lines 13-17 (must equal Part, IX, column (A), line 25)	-	71,978.	98,727.				
	19	Revenue less expenses. Subtract line 18 from line 12	.,i	156,760.	150,458.				
5	g	Company of the compan	Be	ginning of Current Year	End of Year				
Set	20	5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,165,278.	1,315,847.				
SS.	21	rotal labilities (Part X, line 16)	ဟု] <u> </u>	57,600.	51,200.				
Net Assets or	E 22 I	Net assets or fund balances. Subtract line 21 from line 20	¥ _	1,107,678.	1,264,647.				
F	art II	Signature Block							
Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is				
tru	e, correct	, and complete. Declaration of prepa rer (o ther than officer) is based on all information of w	hich preparei	r has any knowledge.					
			//						
Si	gn	Signature of Officer JEFF VOGEL, SECRETARY/TREASURER		Date 5/	9/1				
He	7'1								
_		Type or print name and title	Т	Doto John T	THE DTIM				
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pa		DEBRA K. MATHES Quenc K Thath.		5/ 7/201 4 self-employ	P00048945 43-1126847				
· · · · · · · · · · · · · · · · · · ·									
Use Only Firm's address 3220 W EDGEWOOD SUITE E									
_	JEFFERSON CITY, MO 65109 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No								
_		S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·		Yes No Form 990 (2013)				
333	2001 10-29	7-13 LIM FOI FADELWOIN NEGLICULI ACT NOTICE. SEE THE SEDALATE INSTRUCTI	VIII.		· OIII 444 (5010)				

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t III Statement of Program Service Accomplishments
- 41	
1	Briefly describe the organization's mission:
	RECEIVE, HOLD, INVEST, AND ADMINISTER PROPERTY AND ASSETS, AND FOR MAKING EXPENDITURES FOR THE BENEFIT OF THE UNIVERSITY OF MISSOURI
	COLUMBIA AND IT'S COLLEGE OF BUSINESS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$3,500 . including grants of \$) (Revenue \$)
	SPONSORSHIP OF STUDENTS IN TRULASKE CONSULTING ASSOCIATION MBA
	COMPETITION FOR THE STUDENTS OF THE ROBERT J TRULASKE COLLEGE OF
	BUSINESS.
4b	(Code) (Expenses \$9,427. Including grants of \$9,427.) (Revenue \$) PROVIDING STUDENT AND RECENT ALUMNI SCHOLARSHIPS FOR COLLEGE OF BUSINESS
4c	(Code) (Expenses \$5,000 . including grants of \$5,000 .) (Revenue \$)
	ELDRIDGE AWARD-SPONSORED A STUDENT VENTURE CASE STUDY COMPETITION FOR
	4 STUDENTS WITH AN EMPHASIS IN NEW VENTURE COMPANY START-UPS AND
	ENTREPRENEURSHIP
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ 68,019 • including grants of \$ 48,000 •) (Revenue \$
40	Total program service expenses \(\begin{align*} &5 & 946 \\ &

Form **990** (2013)

Form 990 (2013) DAVENPORT FOUNDATION, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			_
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		į	
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		l	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ <u>_</u>
	complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	,			_

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠
	Schedule K. If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			v
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			•
	of any of these persons? If "Yes," complete Schedule L, Part III	27	· · · · ·	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		.
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			x
24		30	-	 ^
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		x
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	l	^
32	October to M. Do All	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	^
33	continue 201 7701 0 and 201 7701 20 K IVan II complete Cabadula D. Dant I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	 -	-
-	Part V line 1	34	İ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
∞a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	without the managing of another CAO(L)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	330		
50	Mayor Bearing the Ochodule D. Book V. Soc. O.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<u> </u>	1
<i>J</i> ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,	 	 **
~	Note, All Form 990 filers are required to complete Schedule O	38	x	
	Total	<u>, 55</u>	~~	(0040

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
	(gambling) winnings to prize winners?	1c		ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ĺ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <u>f</u>		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	ļ
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		-
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			İ
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		·	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		İ	
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	IZa		_
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	b. No. and a street to the str	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			222	

	1 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			age O				
rai	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	-NO- n	espon	se				
				(Ter				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Section A. Governing Body and Management								
	l I		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		,					
_	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>						
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
,			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent	[
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	1	Х				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	_						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b	ŀ					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ele					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finai	ncial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	-					
	DOUG TARWATER - 573-882-7474							
	UNIVERSITY OF MISSOURI, COLUMBIA, MO 65211							

Form 990 (2013)	υνισυσιασ	FOUNDATION,	INC.	
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<u>43-1936402</u>

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Chack if Schedule C) containe a reen	once or note to :	any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization in	or any related	orga	aniza	ation	cor	mpe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		ì ≀than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	compensation	compensation	amount of
	week (list any	\vdash			I	T	, 	from the	from related organizations	other compensation
	hours for	individual trustee or director				, P		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			nsati		(W-2/1099-MISC)		organization
	organizations	E E	Institutional trustee		loyee	Highest compensated employee				and related
	below	Maga	텵	Officer	E	hest	Former		;	organizations
	line)	=	=	통	ā	물통	호			
(1) WILLIAM G. LITTLE	1.00	l								
DIRECTOR		X	<u> </u>	_	-	-	ļ	0.	0.	0.
(2) JEFF VOGEL	2.00	ļ					ľ			
SECRETARY/TREASURER	1 22	X	<u> </u>	X	<u> </u>	ـــ	ļ	0.	0.	0.
(3) DALE WRIGHT	1.00	\ 								
DIRECTOR	1 22	X	 	<u> </u>	┡	<u> </u>	┡	0.	0.	0.
(4) SAM HAMACHER	1.00	∤		l	ĺ		ļ		_	•
VICE PRESIDENT	1	X	<u> </u>	X			├	0.	0.	0.
(5) STUART BASCOMBE	1.00	 								_
PRESIDENT	<u> </u>	X	ļ	X	-	-	┢	0.	0.	0.
	<u> </u>	-								
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										- 000 (0040)

\$100,000 of compensation from the organization

Form 990 (201:		FOUNDATION
Part VIII	Statement of Revenue	

Total revenue Resided of Control Durchels Security Securi			Check if Schedule O contain	s a response	or note to any line	n this Part VIII		<u> </u>	
Total. Add lines 1a11 Total. Add lines 1a11 Interest and some amounts Interest, and other similar amounts Interest, and other similar amounts Interest and some amounts Interest and other similar amounts Interest and some amounts Interest and other similar amounts Interest and some amounts				-		(· · · /	exempt function	business	(D) Revenue excluded from tax under sections 512 - 514
Business Code 2 a	रु छ	1 a	Federated campaigns	1a				,	1 0,2 0,7
Business Code 2 a	a a								
Business Code 2 a	Contributions, Gifts, Grant and Other Similar Amount								
Business Code 2 a		_							
Business Code 2 a		_	*						
Business Code 2 a		_	· ·						
Business Code 2 a		T			222 621				
Business Code 2 a									
Business Code 2 a		-		-1f \$	34,204				
2 a b c c d d d d d d d d d d d d d d d d d	<u>5 6</u>	<u>h</u>	Total. Add lines 1a-1f		>	223,631.			
Total. Add lines 11a.11d Total. Ference and Indexences a line with add lines 11a.11d Total. Ference and Indexences a line with add lines 11a.11d Total revenue. See instructions.					Business Code				
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3 Investment income (including dividends, interest, and other similar amounts) 36,725. 3	4	f	All other program service revenu	18					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory. Susiness Code 11 a b Cost Cost Cost Cost Cost Cost Cost Cost				•••	•				
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Part IX Statement of Functional Expenses

section 50 (C)(3) and 50 (C)(4) organizations must complete all columns. All other organizations must complete columns (2).											
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service _ expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21	56,427.	56,427.								
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	9,500.	9,500.								
3	Grants and other assistance to governments,										
•	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
5	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	• • •									
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits				·· ·						
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management										
b	Legal			2 252							
C	Accounting	2,250.		2,250.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
9	Other. (If line 11g amount exceeds 10% of line 25,		,								
	column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion										
13	Office expenses	145.		145.							
14	Information technology				· · · · · · · · · · · · · · · · · · ·						
15	Royalties										
16	Occupancy		<u>.</u>								
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	19,000.	19,000.								
20	Interest										
21	Payments to affiliates	·									
22	Depreciation, depletion, and amortization	9,143.									
23	Insurance										
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	TATOTTO AATOTS	1,050.		1,050.							
b	HOST EXPENSES	1,019.	1,019.								
c	BANK SERVICE CHARGES	126.	<u> </u>	126.							
d	FOREIGN TAXES	47.		47.							
e		20.		20.							
25	Total functional expenses. Add lines 1 through 24e	98,727.	85,946.	3,638.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u>,</u>
			(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	171,930	. 1	1,418. 222,674.
	2	Savings and temporary cash investments		2	222,674.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
- (5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	э		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined u	ınder		
-		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	outing	ŀ	
İ		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch I		6	
Reserve	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
Ì	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 64,	000.		
	b	Less: accumulated depreciation 10b 15,	238. 57,905	. 10c	48,762
	11	Investments - publicly traded securities		11	
- [12	Investments - other securities. See Part IV, line 11	935,443	. 12	1,042,993
ĺ	13	Investments - program-related. See Part IV, line 11		13	
I	14	Intangible assets		14	
l	15	Other assets. See Part IV, line 11	<u> </u>	15	-
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	1,165,278		1,315,847
	17	Accounts payable and accrued expenses	57,600) . 17	51,200
	18	Grants payable		18	
	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
Ì	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္က	22	Loans and other payables to current and former officers, directors, truste	es,		
<u> </u>		key employees, highest compensated employees, and disqualified perso	ns.		
Liabilities		Complete Part II of Schedule L		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	İ		
		parties, and other liabilities not included on lines 17-24). Complete Part X	of		
Ì		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	57,600) . 26	51,200
		Organizations that follow SFAS 117 (ASC 958), check here	and		
es		complete lines 27 through 29, and lines 33 and 34.			- 40 0-0
Š	27	Unrestricted net assets	407,08		540,252
398	28	Temporanly restricted net assets	700,59	7 . 28	724,395
ַ פַ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here	· 🗀		
ծ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	4 4 4 4 4 4 4
Z	33	Total net assets or fund balances	1,107,67		1,264,647
	34	Total liabilities and net assets/fund balances	1,165,27	34 <u>34</u>	1,315,847 Form 990 (2013

	990 (2013) DAVENPORT FOUNDATION, INC.	<u>43-19</u>	<u>36402 </u>	Page	<u>₃ 12</u>
Pai	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		,18	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,72	
3	Revenue less expenses. Subtract line 2 from line 1	3		,45	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,107		
5	Net unrealized gains (losses) on investments	5	- 6	<u>, 51</u>	<u>.1.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,264	1,64	<u> 17.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both:			ł	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		İ	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a_		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization DAVENPORT FOUNDATION. 43-1936402 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \mathbf{x} An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt 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), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. ь Type II c Type III - Functionally integrated d Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 support organization governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

43-1936402 Page 2

Schedule A (Form 990 or 990-EZ) 2013 DAVENPORT FOUNDATION, INC. 43-1936 (Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	228,149.	250,011.	79,769.	177,704.	223,631.	959,264.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
A	Total. Add lines 1 through 3	228,149.	250,011.	79,769.	177,704.	223,631.	959,264.
	The portion of total contributions	DEC, II,	230 / 022 0	,,,,,,,,			
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	.,						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						400 400
	column (f)						409,499.
	Public support. Subtract line 5 from line 4						<u>549,765.</u>
	tion B. Total Support				· · · · · · · ·		
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	228,149.	250,011.	<u>79,769.</u>	177,704.	223,631.	<u>959,264.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	20,177.	20,118.	20,596.	18,583.	26,127.	<u>105,601.</u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				1		1064865.
	Gross receipts from related activities	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is fo	•		d. fourth, or fifth t	ax vear as a sectio	n 501(c)(3)	
	organization, check this box and stop					, , , ,	ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage	• •			
	Public support percentage for 2013 (column (fl)		14	51.63 %
	Public support percentage from 2012		-			15	50.15 %
	33 1/3% support test - 2013. If the			• • •	14 is 33 1/3% or r		
100	stop here. The organization qualifies						▶ X
	33 1/3% support test - 2012. If the						
	and stop here. The organization qua						▶□
47.						 and line 1/1 is 10%	or more
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fac-					it iv now the organ	IIZALIUII
	meets the "facts-and-circumstances"					170 and line 15 :-	-
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t						,
	organization meets the "facts-and-cir						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 165, 17a, or <u>17</u>	D, Check this box	and see instruction	s P

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	now, piease comp	Digte Falt II)				
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		, , , , , , , , , , , , , , , , , , ,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						- ·-
5	The value of services or facilities furnished by a governmental unit to the organization without charge				:		
6	Total. Add lines 1 through 5						1
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)					<u> </u>	
<u>Se</u>	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12) [First five years. If the Form 990 is for	the organization!	e firet second this	rd fourth or fifth	ay year as a sect	on 501(c)(3) organia	zation
1**	check this box and stop here .	me organization :	a mai, second, im	ia, ioaitii, or iiitii t	an your as a soci		.
Se	ction C. Computation of Publi	c Support Pe	rcentage	· . <u>- · · · · · · · · · · · · · · · · · · </u>		<u> </u>	
_	Public support percentage for 2013 (li			column (f))		15	<u> </u>
16			•			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2013. If the						17 is not
	more than 33 1/3%, check this box ar	•	=				▶∟
ı	b 33 1/3% support tests - 2012. If the	-					
	line 18 is not more than 33 1/3%, che		•				▶
<u>20</u>	Private foundation. If the organization	<u>n did not check a</u>	DOX on line 14, 19	ia, or 19b, check t	nis box and see ir	istructions	

Schedule A	(Form 990 or 990-EZ) 2013 DAVENPORT	FOUNDATION,	INC	<u>43-1936402 Page 4</u>
Part IV	(Form 990 or 990-EZ) 2013 DAVENPORT Supplemental Information. Provide the	ne explanations required t	by Part II, line 10; Part II, line 17a o	r 17b; and Part III, line 12.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Also complete this part for any additional info	rmation. (See instructions)).	•
		1		
			······································	
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	——————————————————————————————————————			
	•			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

DAVENPORT FOUNDATION, INC. 43-1936402 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ... 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure ч listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? __ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		RT FOUNDAT						<u>43-19</u>			_{]e} 2
Pai	t III Organizations Maintaining C				•						
3	Using the organization's acquisition, accessi	ion, and other record	is, chec	k any of the	following that	at are a s	significant	use of its	collection	ıtems	
	(check all that apply):										
a	Public exhibition	d			hange progra						
ь	Scholarly research	е	, []	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co			-	_			ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	er sımıla	ır assets		_		
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" to	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets no	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
C	Beginning balance						. 1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?	·	i				Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	orm 990, Part	IV, line	10.		,		
		(a) Current year	(b) F	nor year	(c) Two yea	rs back	(d) Three	years back	(e) Four	ears b	ack_
1a	Beginning of year balance		ļ								
Ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities		-								
	and programs										
f	Administrative expenses										
9	End of year balance		<u> </u>								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	and administe	ered for	the organ	zation	_	- 1	
	by:									Yes	<u>No</u>
	(i) unrelated organizations								3a(i)	$-\!\!\!+$	
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.			-				
Pai	t VI Land, Buildings, and Equipn										
	Complete if the organization answere			r -				. [
	Description of property	(a) Cost or o basis (investi			t or other (other)		Accumulat opreciation		(d) Book	value	
1a	Land										
b	Buildings										
¢	Leasehold improvements										
d	Equipment										
	Other				<u>54,000.</u>	<u> </u>	<u> 15,2</u>	38.		76	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line	10(c).)				4.8	76	<u>2.</u>

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 DAVENPORT FOUNDATION, INC.		43-1936402 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	• <u>.</u>	
Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recovenes of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	·····	5
Part XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses pe	er Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	•	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	_2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	_
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		10 4, 1 att A, 11110 2, 1 att A1,
		

SCHEDULE (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2013 Open to Public

Inspection

Employer identification number

43-1936402

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

ž SCHOLARSHIPS & STUDENT (h) Purpose of grant COLLEGE OF BUSINESS or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any CASE STUDY Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection : (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) i (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 56,427 (c) IRC section if applicable INC. DAVENPORT FOUNDATION, General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government UNIVERSITY OF MISSOURI COLUMBIA, MO 65211 **408 CORNELL HALL** Parti Part

Schedule I (Form 990) (2013)

:

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2013) DAVENPORT FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RECENT ALIMNI AWARD		1 000	0		
SHUDENT CASE STUDY COMPETITION	4		o		•
TRULASKE CONSULTING ASSOCATION MBA COMPETITION	16	3,500.	0		
		÷			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	juired in Part I, lin	e 2, Part III, column	(b), and any other a	ddrtional information.	
PART I, LINE 2:		į			
EXPLANATION: BASED ON SELECTION CRITERIA THE AWARDS ARE	RITERIA TI	HE AWARDS	ARE DETERMINED	INED,	
DISTRIBUTED, RECORDED, AND ACCOUNTED	ED FOR II	N THE FINA	FOR IN THE FINANCIAL SYSTEM.	EM.	
	i				

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name	of the organization				Employer ident	tificatio	n nur	mber
	DAVENPORT FO	UNDATI	ON, INC.		43-1	936	402	
Par	t I Types of Property		-		•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini		s
1	Art - Works of art							
2	Art · Historical treasures				<u> </u>			
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods						•	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	34,204.	MARKET VALU	JΕ		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous		1					
13	Historic structures			}				
44	Qualified conservation contribution - Other							
14	Real estate - Residential							
15	Destruction Comments							
16	Real estate - Commercial		-		· · · · · · · · · · · · · · · · · · ·			
17	Real estate · Other							
18	Collectibles							
19	Food inventory		-					
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts			-				
23	Scientific specimens		 					
24	Archeological artifacts							
25	Other ()			-				
26	Other ()						-	
27	Other ()							
28	Other ()				1			
29	Number of Forms 8283 received by the organ for which the organization completed Form 82							
	for which the organization completed Form 62	200, Part IV,	Donee Acknowled	gement . 29		1	V	NI.
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 · 28,	that it must hold for		Yes	No
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for			1
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.	. ,						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	outions?	31		X_
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncash	1			
	contributions?					32a		X
b	If "Yes," describe in Part II.							1
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is cl	necked,			

describe in Part II

Schedule M	I (Form 990) (2013) ' DAV	ENPORT E	OUNDATION,	INC.	43-1936402	Page 2
Part II	Supplemental Info is reporting in Part I, colu this part for any addition	rmation. Prov	vide the information re ober of contributions, t	quired by Part I, lines 30b, the number of items receive	32b, and 33, and whether the organizard, or a combination of both Also com	ition plete
						-
	 					
						
						
	 -					
						
				·		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

INC.

➤ Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization DAVENPORT FOUNDATION, **Employer identification number** 43-1936402

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MISSOURI-COLUMIBA COLLEGE OF BUSINESS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
HOSTING OF VARIOUS COLLEGE OF BUSINESS AND ALUMNI EVENTS INCLUDING THE
ANNUAL STRATEGIC DEVELOPMENT BOARD EVENT FOR THE UNIVERSITY OF MISSOURI
COLLEGE OF BUSINESS AND OTHER RECOGNITION EVENTS.
EXPENSES \$ 68,019. INCLUDING GRANTS OF \$ 48,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THERE ARE NO COMMITTEES IN THIS ORGANIZATION, THIS QUESTION
DOES NOT APPLY TO THE DAVENPORT FOUNDATION.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE FORM 990 IS PROVIDED IN ELECTRONIC FORMAT FOR ALL
DIRECTORS TO REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: LIMITED INFORMATION IS AVAILABLE ON THE MISSOURI SECRETARY OF
STATE WEBSITE, ALL OTHER INFORMATION CAN BE OBTAINED BY REQUESTING FROM THE
ORGANIZATION.