

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury

Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. A For the 2015 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change DAVENPORT FOUNDATION, INC. Name change 43-1936402 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 407 CORNELL HALL 573-882-7474 termin-255,200. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 65211 COLUMBIA, MO H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JEFF VOGEL Yes X No for subordinates? 407 CORNELL HALL, COLUMBIA, MO 65211 H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number ▶ J Website: ► N/A K Form of organization: X Corporation Association Other > L Year of formation: 2001 M State of legal domicile: MO Trust Part I Summary Briefly describe the organization's mission or most significant activities: FUNDRAISING & SUPPORT Activities & Governance ORGANIZATION FORMED SOLELY FOR THE BENEFIT OF THE UNIVERSITY OF if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 F (VFI) 0. b Net unrelated business taxable income from Form 990-T. line 34 0. **Prior Year Current Year** Ô MAY 1 9 2016 207,389. 200,174 Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) AGDEN 37,854. 40.762 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 245,243. 240,936 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 176,743 64,746. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 13,573. 12,562. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>77,308.</u> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 190,316 50,620 167,935. Revenue less expenses. Subtract line 18 from line 12 20 8 **Beginning of Current Year** End of Year 1,395,886. 1,516,668. 20 Total assets (Part X, line 16) 44,800 38,400. 21 Total liabilities (Part X, line 26) **6**, \$1 351,086. 478,268 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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.

16 JEFF VÖGEL SECRETARY/TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 5/4/2016 P00048945 Paid Debra K maxes self-employed DEBRA K. MATHES Firm's name WILLIAMS-KEEPERS LLC 43-1126847 Firm's EIN Preparer Use Only Firm's address 3220 WEST EDGEWOOD, SUITE E Phone no. (573) 635-6196 JEFFERSON CITY, MO 65109

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT

CONTINUATION

X Yes No Form 990 (2015)

	990 (2015) DAVENPORT FOUNDATION, INC. 43-1936402 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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 000 or 000 F72
	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 \$ 35,164. including grants of \$ 35,164.) (Revenue \$)
	GRANT TO COLLEGE OF BUSINESS FOR WEBSITE ENHANCEMENT TO ATTRACT
	STUDENTS TO THE ROBERT J TRULASKE COLLEGE OF BUSINESS.
	DIGITAL TO THE WORLD OF THE PROPERTY OF THE PR
4b	(Code) (Expenses \$ 22,582. including grants of \$ 22,582.) (Revenue \$)
	PROVIDING STUDENT AND RECENT ALUMNI SCHOLARSHIPS FOR COLLEGE OF
	BUSINESS.
	7.000
4c	(Code) (Expenses \$7,000 . including grants of \$7,000 .) (Revenue \$)
	ELDRIDGE AWARD-SPONSORED A STUDENT VENTURE CASE STUDY COMPETITION FOR
	STUDENTS WITH AN EMPHASIS IN NEW VENTURE COMPANY START-UPS AND
	ENTREPRENEURSHIP
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 64 . 746 .

Form **990** (2015)

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	Х	
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		X
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			- 41
0	Cohodula D. Dodill	8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩
	If "Yes," complete Schedule D, Part IV	9		X
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	l '		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
Ь	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	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.5
	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	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u></u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	<u> </u>	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		X
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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
		_	$\Delta \Delta \Delta \Delta$	

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 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 X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 Х 25b 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 "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 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): 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 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 280 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note, All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance 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 5 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? <u>4a</u> **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X ва b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b Organizations that may receive deductible contributions under section 170(c). X a 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10a 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 10b Section 501(c)(12) organizations. Enter: 11 а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12h Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b 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 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

DAVENPORT FOUNDATION, INC. 43-1936402 Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 6 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 O. 6 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates. 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11<u>a</u> X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X taxable entity during the year? b 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

MO

65211

State the name, address, and telephone number of the person who possesses the organization's books and records:

Form **990** (2015)

20

statements available to the public during the tax year.

DOUG TARWATER - 573-882-7474

UNIVERSITY OF MISSOURI, COLUMBIA,

_`				D0DE	5077	3TD 3 M	TON	-	70		
Form 990 (2015)	DP.	VEN	PORT	FOU	NDAT.	TON,		NC.	 	

43-1936402 F

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VI

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 n	or any related	orga	niza	tion	cor	nper	nsa	ted any current officer, o	lirector, or trustee.	
(A)	(B)			_ (0	2)			(D)	(E)	(F)
Name and Title	Average	(do		Posi		than	one	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss pe	rson	s bot	h an		compensation	amount of
	week	\vdash	en au	u a u	Hecic	M/II US	100)	from	from related	other
	(list any hours for	Individual trustee or director			İ	L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Š	冀			Szte		(W-2/1099-MISC)	(***2/1033***********************************	organization
	organizations	ag e	Institutional trustee		ş	m m		(11 27 1000 111100)		and related
	below	를		ٰ یا	윹	3 3 2	₅₅			organizations
	line)	횰	慧	Officer	Key employee	Highest compensated employee	불			
(1) WILLIAM G. LITTLE	1.00						Г			
DIRECTOR		X					ĺ	0.	0.	0.
(2) JEFF VOGEL	2.00									
SECRETARY/TREASURER		X		X				0.	0.	0.
(3) DALE WRIGHT	1.00]					1			
DIRECTOR		X			ļ	<u> </u>	L.	0.	0.	0.
(4) SAM HAMACHER	1.00	1		Ì	1					_
PRESIDENT		X	<u> </u>	X	L_			0.	0.	0.
(5) STUART BASCOMBE	1.00]							_	_
DIRECTOR		X		X	<u> </u>		$oxed{igspace}$	0.	0.	0.
(6) GREGORY GARRISON	1.00		1							_
VICE PRESIDENT		<u> </u>	<u> </u>	<u> </u>	ļ	١.	ļ	0.	0.	0.
	ļ <u>.</u>	-	├	├		_	┼			
		┨								
	 		1	┢	\vdash	+	╁			
		1	l							
		1-	<u> </u>	t	 	╁┈	t			
		1			İ					
	<u> </u>	T	┰		T -					
		1								
		1	İ				ĺ			
							L			
				ŀ						
			<u> </u>	L						
		\perp	_		1_	\bot	\perp			
		4		-			Ì			
		1_	1	╀	╁	+	$oldsymbol{\perp}$			
		-			Ì					
	<u> </u>			<u> </u>	1		上	<u>, </u>		- 000

(A) Name and title	(B) Average	(do	not c	(C Posi heck) ition	than	one	(D) Reportable	(E) Reportable		Est	(F)	
	hours per week (list any hours for related organizations below line)	tee or director	, unle	Institutional trustee and a di		compensated	n an t ee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		comp fro orga and	ount on the control of the control o	on on
									<u> </u>				
				_									
													_
		L											
		_											
				:									
1b Sub-total			•				>	0.		0.			0.
d Total (add lines 1b and 1c)					 bov	e) w	ho r	0 . eceived more than \$100	 ,000 of reportable	0.			0.
compensation from the organization										F		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual	١.									3		х
4 For any individual listed on line 1a, is the sand related organizations greater than \$1.	50,000? If "Yes	, " cc	ompi	lete :	Sch	edul	e J	for such individual 👝 .			4		x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co							relat	ted organization or indiv	idual for services		5		х
Section B. Independent Contractors 1 Complete this table for your five highest of							ors '	that received more than	\$100,000 of com	oens	ation fr	om	
the organization. Report compensation for (A)	r the calendar	/ear	end	ing v	<u>with</u>	or w	<u>/Ithi</u>	n the organization's tax (B)	year.		(C	·)	
Name and busines	s address	N	ON	E				Description of s	services	С	omper	sation	1
	<u> </u>											_	
												_	
2 Total number of independent contractors	(including but	not l	lımite	ed to	the	ose I	ste	d above) who received r	nore than				
\$100,000 of compensation from the orga						0		, / - ·			Form	990 is	2015

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 207,389. similar amounts not included above 9,957 Noncash contributions included in lines 1a-1f \$ 207,389. h Total. Add lines 1a-1f_ **Business Code** Program Service f All other program service revenue q Total, Add lines 2a-2f Investment income (including dividends, interest, and 25,181. 25,181. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 22,630. assets other than inventory b Less: cost or other basis 9,957 and sales expenses 12,673. c Gain or (loss) 12,673. 12,673. d Net gain or (loss) .. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See **b** Less: direct expenses . . c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . . b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

12,673.

245,243

Total revenue. See instructions.

Form 990 (2015) DAVENPORT FOU Part IX Statement of Functional Expenses

J	Check if Schedule O contains a response			ripiete coluinii (7).	
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	56,746.	56,746.		
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	8,000.	8,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign]		
	individuals. See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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				
þ	Legal		·		
c	Accounting	1,700.		1,700.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	100		100	
13	Office expenses	199.		199.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				·-·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	9,143.			
22	Depreciation, depletion, and amortization	7,143.			
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.)				
_	THOMPANOD	1,050.		1,050.	
a b	TODDICH MANDO	320.		320.	·
C	DANK GERLINGE GUARGE	128.		128.	
d		22.		22.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	77,308.	64,746.	3,419.	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)				<u> </u>

Form 990 (2015)
Part X Balance Sheet

Par	LA	Check if Schoolule Constrains a response or note to any line in this Part Y			
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	·i	(B) End of year
	1	Cash - non-interest-bearing	1,115.	1	1,888.
	2	Savings and temporary cash investments	234,419.	2	356,904.
	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			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	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.			
	ь	Less: accumulated depreciation 10b 33,524.	39,619.	10c	30,476.
	11	Investments - publicly traded securities	1,482.	11	1,681.
	12	Investments - other securities. See Part IV, line 11	1,119,251.	12	1,125,719.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,395,886.	16	1,516,668.
	17	Accounts payable and accrued expenses	44,800.	17	38,400.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္တ	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities	ļ	Complete Part II of Schedule L		22	
	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		1	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	44.000	25	20 400
	26_	Total liabilities. Add lines 17 through 25	44,800.	26	38,400.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ès		complete lines 27 through 29, and lines 33 and 34.	E72 42C		702 400
and	27	Unrestricted net assets	<u>573,436.</u>		703,499.
Bal	28	Temporanly restricted net assets	777,650.		774,769.
힏	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	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	1,351,086.	32	1 470 260
_	33	Total net assets or fund balances	1,395,886.	1	1,478,268. 1,516,668.
	34	Total liabilities and net assets/fund balances	<u> </u>	1 34	Form 990 (2015)

orm	990 (2015) DAVENPORT FOUNDATION, INC.	<u>43-193</u>	<u> 5402</u>	Page 12
Par	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		<u>,243.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,308.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,935.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,086.</u>
5	Net unrealized gains (losses) on investments	5	<40	<u>,753.</u> :
6	Donated services and use of facilities	6		
7	Investment expenses	7	_	
8	Prior period 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	1,478	<u>,268.</u>
Pai	column (B)) rt 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 prior 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			
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	te basis,	1 1	
	consolidated basis, or both:			
	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	ne audit,		1
	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			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		
	Act and OMB Circular A-133?		3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	
			Form	990 (2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.lrs.gov/form990.

OMB No 1545-0047

Inspection

Employer identification number

		DAVEN	NPORT FOUN	NOITAC	INC.				4:	3-1936402
Pa	rt I	Reason for Public C				mplete the	s part.) Se	e instructions		
		zation is not a private founda								
1		A church, convention of chu			-			(A)(i)		
	一							/(~)(·)•		
2	=	A school described in section								
3	H	A hospital or a cooperative h							(:::\	h- h
4	Ш	A medical research organiza	ation operated in coi	ijunction with	a nospitai	aescribea	In section	1 1/U(D)(1)(A)	(III). Enter t	ne nospitai's name,
		city, and state:								
5	\mathbf{X}	An organization operated fo	r the benefit of a co	lege or univers	ity owned	or operat	ed by a go	vernmental u	nit describ	ed in
		section 170(b)(1)(A)(iv). (Co	omplete Part II.)							
6		A federal, state, or local gov	ernment or governn	ental unit des	cribed in s	ection 17	O(b)(1)(A)(v).		
7		An organization that normal	ly receives a substa	ntial part of its	support fr	om a gove	ernmental (unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community trust describe		1)(A)(vi), (Com	plete Part	II.)				
9	\Box	An organization that normal	• • •				contributio	ns. members	hip fees, a	nd gross receipts from
•		activities related to its exem	-							
		income and unrelated busin								
				(1033 30011011 0	i i tuny ii c	,,,, bao,,,o,	oooo aoqai	iod by the oil	gameanom	and danie da, rere.
40		See section 509(a)(2). (Con		ivalu ta tast far	oublic co	fatu Saa	ootion EO	0/5//4/		
10	=	An organization organized a							rn, out the	nurnanan of ana ar
11	ш	An organization organized a								
		more publicly supported org								neck the box in
		lines 11a through 11d that o								
а		Type I. A supporting orga								
		the supported organization	on(s) the power to re	gularly appoint	or elect a	majority o	of the direc	tors or truste	es of the s	upporting
		organization. You must c								
Ł	, L	Type II. A supporting orga	anization supervised	or controlled	in connect	tion with it	s supporte	ed organizatio	n(s), by ha	ving
		control or management of	f the supporting org	anızation veste	d in the s	ame perso	ons that co	ntrol or mana	ge the sup	ported
		organization(s). You must	t complete Part IV,	Sections A ar	ıd C.					
c	;	Type III functionally inte	grated. A supportin	g organization	operated	in connec	tion with, a	ind functional	lly integrate	ed with,
		its supported organization								
	ı	Type III non-functionally							rted organi	zation(s)
		that is not functionally inte								
		requirement (see instructi								
		Check this box if the orga							II. Type III	
•	· -	functionally integrated, or						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .,,,	
	: Ent	er the number of supported o	=		a sapport	ng organi	Lationi			
1		• •	•		· · · · · · · · · · · · · · · · · · ·			•••		
9		vide the following information i) Name of supported	(ii) EIN	(iii) Type of org	its). ianization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
	'	organization	,	(described on	lines 1-9	listed i	n your	support		other support (see
				above (see ins	tructions))	Yes	No No	instruct	ions)	instructions)
						162	NO			
				Ì						
		· · · · · · · · · · · · · · · · · · ·				,				
					 .					
			1							
							<u> </u>			
_										
		·				ļ				
_			1							

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	<u> </u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	79,769.	177,704.	223,631.	200,174.	207,389.	888,667.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
_	· · ·	70 760	177,704.	223,631.	200,174.	207 200	000 667
	Total. Add lines 1 through 3	79,769.	1//,/04.	443,631.	200,174.	207,389.	888,667.
5	The portion of total contributions						
	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,						
	column (f)						425,315.
	Public support. Subtract line 5 from line 4	<u></u>				<u> </u>	<u>463,352.</u>
Sec	ction B. Total Support					,	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	79,769.	177,704.	223,631.	200,174.	207,389.	<u>888,667.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			i			
	and income from similar sources	20,596.	18,583.	25,554.	40,762.	37,854.	143,349.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						i
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1032016.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,	d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stor	•					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			•	
	Public support percentage for 2015 (column (f))		14	44.90 %
	Public support percentage from 2014	• • • • • • • • • • • • • • • • • • • •	-			15	42.71 %
	33 1/3% support test - 2015. If the			n line 13, and line	14 ıs 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies						▶ X
h	33 1/3% support test - 2014. If the		-		Lline 15 is 33 1/3%	or more, check th	••
-	and stop here. The organization qual	-					▶ □
17:	10% -facts-and-circumstances tes	•	• • •			and line 14 is 10%	or more.
176	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"					Trilow the organ	▶
	10% -facts-and-circumstances tes	•	•		_	 17a and line 15 ie	10% or
C							
	more, and if the organization meets the				•		, ▶□
40	organization meets the "facts-and-circ		_				
18	Private foundation. If the organization	ni dia not check a	DOX OFFINE 13, 16	a, 100, 17a, 01 1/1	D, CHECK THIS DOX 8	and see instruction	<u> </u>

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support					·	
Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and				1		
membership fees received. (Do not		·				
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
inces under section 510						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	,	[
• 1						
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					ļ	
7a Amounts included on lines 1, 2, and						I
3 received from disqualified persons		ļ				
b Amounts included on lines 2 and 3 received			1			I
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						1
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carned on						
or loss from the sale of capital			1			
assets (Explain in Part VI.)			<u> </u>		-	
13 Total support. (Add lines 9, 10c, 11, and 12)		1. Eura Alex			on E01(a)(2) organi	1
14 First five years. If the Form 990 is for	the organization	's tirst, second, th	ira, tourtin, or mith	tax year as a secti	on sor(c)(s) organia	Lation,
check this box and stop here	- Cupport D	·	· · · · · · · · · · · · · · · · · · ·			·
Section C. Computation of Publi			.1 (0)		145	
15 Public support percentage for 2015 (li			column (t))		15	
16 Public support percentage from 2014			·	•	16	
Section D. Computation of Inves					147	
17 Investment income percentage for 20			ine 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2015. If the						17 is not
more than 33 1/3%, check this box as						▶∟
b 33 1/3% support tests - 2014. If the						
line 18 is not more than 33 1/3%, che						·. ▶ <u>□</u>
20 Private foundation. If the organizatio	n did not check a	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supr	orting Organizations
---------------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	1.00	
-		
1		
2	<u> </u>	
_3a		
3a		 ,
3b		
3c		
Ì		
4a		-
4b	ļ	
4c	ļ	
5a	-	
5b		
5c		ļ <u>.</u>
	-	
6	 	
7		
8		
<u>9a</u>	1	-
9b		
9c	+	
10a	╁-	
10b		

Da	dule A (Form and or not expect) 2015 DAVENPORT FOUNDATION, INC. 45-13	3040	<u> </u>	ige 5
rai	t IV Supporting Organizations (continued)		v . 1	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
_	tion B. Type I Supporting Organizations	110	L	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	Organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	İ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	١.		
500	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
	tion b. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		,	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	•	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	The state of the s	1		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_	L.,	

	dule A (Form 990 or 990-EZ) 2015 DAVENPORT FOUNDATION, I			43-1936402 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv-integrat	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A	(Form 990 or 990-E2	z) 2015 DAVEN	PORT	FOUNDATION,	INC.	43-1936402 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Section	Information. F lines 1, 2, 3b, 3c, 4 tion D, lines 2 and	Provide the 4b, 4c, 5a, 3; Part IV,	explanations required 6, 9a, 9b, 9c, 11a, 11b Section E, lines 1c, 2a,	by Part II, line 10; Part II, line	17a or 17b; Part III, line 12; Innes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
			<u>. </u>			
						
			. ,			
						· · · · · · · · · · · · · · · · · · ·
						
	···-					
					 	
					.	
						
						

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DAVENPORT FOUNDATION, INC. Employer identification number

43-1936402 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 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? Conservation Easements. Complete if the organization answered "Yes" on 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 a 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 a 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) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? 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" on 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) Revenue included on 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. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		<u>RT FOUNDAT</u>						<u>43-19</u>			<u>ge 2</u>
Par											
3	Using the organization's acquisition, accession	on, and other record	ls, checl	cany of the	following that	t are a si	gnificant ı	use of its	collection	items	
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	· LJ (Other							
C	Preservation for future generations										
	Provide a description of the organization's co			-				se in Par	t XIII.		
	During the year, did the organization solicit or					er similar	assets	_	٦		
	to be sold to raise funds rather than to be ma								Yes		No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	on answered "	Yes" on	Form 990	, Part IV,	line 9, or		
			diant for		as or other ser	note not	ınalııdad		· · · - · - ·		
ıa	Is the organization an agent, trustee, custodia on Form 990, Part X?		=		is or other as:	sets not	included		Yes		No
b	If "Yes," explain the arrangement in Part XIII a						•	,	l res		NO
b	ii 165, explain the arrangement in Fait Alli a	and complete the to	mowning i	aulo.			T		Amount	-	
С	Beginning balance						1c		Amount		
	Additions during the year					•	1d				
	Distributions during the year					•	1e				
f	Ending balance					•	1f				
2a	Did the organization include an amount on Fo					unt liabil			Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par											
		(a) Current year	(b) P	rıor year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years t	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses			·							
d	Grants or scholarships	·			<u> </u>						
е	Other expenditures for facilities	!									
	and programs										
f	Administrative expenses				<u> </u>						
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment >										
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the posse.	ssion of the organiz	ation tha	at are held a	and administe	red for t	ne organiz	zation	Г	<u>, </u>	
	by:									Yes	No
	(i) unrelated organizations		•	•			•		3a(i)		
	(ii) related organizations		· ·	 Sabadula Di		• •	•	•	3a(ii) 3b		
b 4	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the	•				•	•		. <u>30</u>	ŀ	
	t VI Land, Buildings, and Equipm		OWITIOTIL	iulius.							
	Complete if the organization answered		0. Part I	V. line 11a.	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or o		1	t or other		ccumulate	ed	(d) Bool	value	
		basis (invest			(other)		preciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u> </u>	Other			(<u>54,000.</u>		<u>33,5</u>	24.		0,4'	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	t X, colui	mn (B), line	10c.)	<u></u>	<u></u>		3 (0,4'	<u> 76.</u>

1 ait		F 000 F : " : :	44L O E 000	Dest V 1 40	
(a) De	Complete if the organization answered "Yes" scription of security or category (including name of security)	on Form 990, Part IV, II (b) Book value		Part X, line 12. /aluation: Cost or end	-of-vear market value
 -		(b) Book Value	(c) Motified of t	Taladaloni. Odol or ona	Or your marrier value
• •	ancial derivatives sely-held equity interests				
(2) Clo (3) Oth	-				
	VANGUARD LIFESTRATEGY				
	CONSRV GRWTH FUND			<u> </u>	
	RESTRICTED	387,51	7. COST		
	VANGUARD LIFESTRATEGY	307,31	CODI	· · ·	
	CONSRV GRWTH FUND				
(F)	UNRESTRICTED	341,01	1. COST		
	VANGUARD LIFESTRATEGY MOD			-	
	GRWTH FUND RESTRICTED	387,25	3. COST		
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,125,71			
	VIII Investments - Program Related.	1,143,71.	· · · · · · · · · · · · · · · · · · ·		
1 41.0	Complete if the organization answered "Yes"	on Form 990 Part IV II	ne 11c See Form 990	Part X line 13	
	(a) Description of investment	(b) Book value		valuation: Cost or end	l-of-vear market value
	(a) Description of investment	(b) Book tailed	(6)		
(1)					
(2)			-	-	
(3)					
(4)					
<u>(5)</u>			· · · · · · · · · · · · · · · · · · ·		
<u>(6)</u> (7)					
(8)				·- · · · · · · · · · · · · · · · · · ·	
(9)				 .	
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)		*		
Part		<u> </u>			,
	Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11d. See Form 990	, Part X, line 15.	
		Description		·	(b) Book value
(1)					
(2)					
(3)					
(4)			<u> </u>		
(5)					
(6)					
(7)					
(8)					
(9)					
	(Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			
Part					
	Complete if the organization answered "Yes"	on Form 990, Part IV,	ine 11e or 11f. See For	rm 990, Part X, line 25	.
1.	(a) Description of liability		(b) Book value		
(1)	Federal income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				_	
Total.	(Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.) >			
2 Lis	ability for uncertain tax positions. In Part XIII, provid	e the text of the footno	te to the organization's	financial statements	that reports the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

	rt XI Reconciliation of Revenue per Audited Financial Statem	·	Povonuo por P		930402 Page 4
rai			nevenue per n	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:			 	
1	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:	ا ما			
a		. 2a		1	
þ		. 2b		1 1	
С.		. 2c			
d		2d		1	
e	Cubbanat line On from line 4			2e 3	
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•		
4		1 45 1		1 1	
a		4a 4b	······································	1	
b	, , , , , , , , , , , , , , , , , , , ,	40		4c	
C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•		5	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments Wit	n Expenses per).
- 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		LAPONOGO PO	· iotaii	••
-				1	
1	Total expenses and losses per audited financial statements			 	
	S. A. L. S. Marketter and C. Marketter a	2a			
a		2b		1	
b		2c		1	
C		2d		1	
d		. 201		2e	
e		• • • •		3	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا			
а					
			·	1	
b	Other (Describe in Part XIII.)	. 4b		1	
C	Other (Describe in Part XIII.)	. 4b		4c	
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 4b		4c 5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	. 4b	· · · · · · · · · · · · · · · · · · ·	5	line 2: Part Yi
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b	and 2b; Part V, line	5	, line 2; Part XI,

Part XIII Supplemental Information (continued) Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation. (b) Book value Cost or end-of-year market value (including name of security) 9,935. COST VANGUARD MONEY MARKET STK CLEARING ACCT

4

	Grants and Other Assistance to Organizations.	OMB No 1545-0047
Form 990)		2015
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	` - -
epartment of	▶ Attach to Form 990.	Open to Public
nternal Revenue Service	anue Service ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.	Inspection
lame of th		Employer identification number
	DAVENPORT FOUNDATION, INC.	43-1936402
Parti	Part I General Information on Grants and Assistance	
1 Does	1 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	[

2

X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

criteria used to award the grants or assistance? . . .

2 Des

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or govemment	(b) EIN	(c) IKC section if applicable	(a) Amount of	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
UNIVERSITY OF MISSOURI			745	G			COLLEGE OF BUSINESS SCHOLARSHIPS & WEBSITE ENHANCEMENT
COLUMBIA, MO 05211			* 2 # 1	•			
Enter total number of section 501(c)(3) and government organizations	nd government or	ions	listed in the line 1 table	:			
Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2015)

Page 2 (f) Description of non-cash assistance 43-1936402 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. BASED ON SELECTION CRITERIA THE AWARDS ARE DETERMINED, DISTRIBUTED (d) Amount of non-cash assistance o 7,000, RECORDED, AND ACCOUNTED FOR IN THE FINANCIAL SYSTEM. 1,000 (c) Amount of cash grant DAVENPORT FOUNDATION, INC. (b) Number of recipients (a) Type of grant or assistance STUDENT CASE STUDY COMPETITION LINE 2: Schedule I (Form 990) (2015) RECENT ALUMNI AWARD PART I, Part III

532102 10-28-15

SCHEDULE O (Form 990 or 990-EZ)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

DAVENDORT FOINDATION TNC **Employer identification number** 43-1936402