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Department of the Treasury

EXTENSION OF TIME TO FILE ATTACHED\*\*

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Yes

Form 990 (2011)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 2011 and ending APR 30, MAY For the 2011 calendar year, or tax year beginning D Employer identification number Check if C Name of organization Address change The Dunavant Foundation Name change 58-1528504 Doing Business As Initial Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Termin-ated 728-4600 1900 Union Avenue (901) Amended 160.782 City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Memphis, TN 38104-4029 H(a) Is this a group return pendina Yes X No F Name and address of principal officer. Robert M. Fockler for affiliates? H(b) Are all affiliates included? same as C above Yes Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ➤ www.cfam.ora H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > L Year of formation: 1983 M State of legal domicile TN Part I Summary i käykiloki Yostuarik nati Activities & Governance Briefly describe the organization's mission or most significant activities See Statement O Check this box ▶ oxdot 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) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 Current Year **Prior Year** 253,275 103,275. Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2g) 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e) 125,544 57,507. 11 Total revenue - add lines 8 through 11 (must equal Ran VIII) column (A), line 12) 378,819 160.782 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ο. 13 Benefits paid to or for members (Part IX) (column (A), line 4)
Salaries, other compensation, employee benefits (Part IX) (column (A), lines 5-10) 0. 0. 14 0. 0. 15 16a Professional fundraising fees Part IX column (A)-line 11e) 0 0. b Total fundraising expenses (Fart IX, column ID); line 25) 0. 20. 20. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 20 20. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 378,799. 160,762. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 9,745,954. 9,906,716. Total assets (Part X, line 16) 0. 0 Total liabilities (Part X, line 26) 9,745,954. 9,906,716. 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 Sign Treasurer Mack E. McCaul Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name Paid self-employed Firm's EIN Preparer Firm's name Use Only Firm's address Phone no.

See Schedule O for Organization Mission Statement Continuation

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form		8-1528504 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	<u></u>
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	The primary exempt purpose of the organization is to assi	st the
	Community Foundation of Greater Memphis, Inc. in carrying	out its
	charitable mission.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		TesNO
_	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 me	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra	nts and allocations to
	others, the total expenses, and revenue, if any, for each program service reported	
4a		)
	The Foundation's only program is to accept property to be	
	exclusively for religious, charitable, scientific, litera	ry or
	educational purposes primarily in and for the benefit of	the community
	of Memphis and Shelby County and the vicinity thereof.	
4b	(Code) (Expenses \$	
4-	/	
4c	(Code) (Expenses \$) (Revenue \$	
	Other program convices (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O)	1
	(Expenses \$ including grants of \$ ) (Revenue \$	
<u>4e</u>	Total program service expenses ▶	5 000 (55.00)
		Form <b>990</b> (2011)

Form 990 (2011) The Dunavant Foundation
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	<u>X</u>	
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		<u>X</u>
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_		_ <u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ :		7.5
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_ <u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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			х
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	8	-	
9	credit counseling, debt management, credit repair, or debt negotiation services? 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			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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		х
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		X
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 169 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	
е	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, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		,,	ļ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			
	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 assistance to any organization	1-10		<del></del>
13	or entity located outside the United States? 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 assistance to individuals			<u> </u>
	located outside the United States? 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,			<u> </u>
••	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			
	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
		Form	990	2011)

DUNAVAN2

Form 990 (2011) The Dunavant Foundation

Part IV Checklist of Required Schedules (continued)

United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II  21 Did the organization report more than \$5,000 of greats and other assistance to individuals in the United States on Part IX, column (A), line 27 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 A If 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 Schedule K If "No", go to line 25  Schedule V IV No", go to line 25  Schedule V IV No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?  Did the organization maintain an escrow account other than a refunding secrow at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II  Did the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part II  Was a loan too toy a current or former 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 of "I" "Yes," complete Schedule I, Part IV  A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I,				Yes	No
22 but the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° H "Yes," complete Schedule I, Part I and III and former officers, directors, inustees, key employees, and highest compensation of the organization's current and former officers, directors, inustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and III and	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), Ine 27 II "Yes," complete Schedule I, Parts I and III 2D 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 I, and II "Not," or to line 25			_21_		<u> X</u>
23 Dd the organization answer "Yes" to Part VII, Section A, Ine 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 I, I"No", to time 25  24 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more high 310,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II" In 1975, yo to line 25  25 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Dd the organization amantain an escrow account other than a refunding escrow at any time during the year?  27 Dd the organization and 501(c)(4) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person unit and sequalified person during the year? If "Yes," complete Schedule I, Part II as the organization aware that it engaged in an excess benefit transaction with a disqualified person unit and the transaction and any of the organizations price forms 990 or 990 527 if "Yes," complete Schedule I, Part II as Was a loan too roby a current of former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule I, Part II as Was 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 39% contributed entity or family member of any of these persons? If "Yes," complete Schedule I, Part II as A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part II as A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part II as A current or vision encountable of the organization receive c	22				37
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 Schedule J. Put II in the II i			22_		<u> </u>
Schedule J  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 "res," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  7 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax exempt bonds?  8 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax exempt bonds?  9 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  10 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  11 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  12 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  12 Did the organization wave that it engaged in an excess benefit transaction with a disqualified person our plants and the year? If "Yes," complete Schedule L, Part II and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person our activities of the organization is of the enganization is of the enganization is of the enganization is of the enganization to engage any of the enganization wave that it is often organization is of the enganization or employee thereof, a grant selection committee member, or to a 35% controlled employee, or dispute the propriets of th	23	, , , , , , , , , , , , , , , , , , , ,			
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Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? C Did the organization and proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization and proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(p)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be is the organization has not been reported on any of the organization or some fit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provide a grant or of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I Did the organization provide a grant or of the organization's tax year? If "Yes," complete Schedule L, Part IV put the organization or of the arganization and the organization is an exception outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV and 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 current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part I and I Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I and I Did the organization will be proceed to any tax-exempt or taxable entity?  If "Yes	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Child 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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d			24a		x
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any tax-exempt bonds?  Del the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person una prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part II  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Del the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee hereof, 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  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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV is the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part IV is the organization on the particular of the organization on the particular of the organization on the organization on the particular of the organization on the party II. If II,					
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Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	33				
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Note. All Form 990 filers are required to complete Schedule O	38				
	_		38	_X_	
			Form	990 (	2011)

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
	5 to 10 to 1		Yes	No
		i		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	4.		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
20	filed for the calendar year ending with or within the year covered by this return  2a  0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
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," provide an explanation in Schedule O	3b		<u> </u>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
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	<b> </b> -	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
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?	7-		
e f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	_7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		<b>i</b> '	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	├
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ł
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del></del> '	-
L	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			
^	Enter the amount of reserves on hand			
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
			990	/2011\

Form 990 (2011) The Dunavant Foundation 58-1528504 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Section A. Governing Body and Management   1s		to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in schedule of See instructions			X				
The Enter the number of voling members of the governing body at the end of the tax year If there are material differences in voling rights among members of the governing body, of if the governing body before the governing body of officers, director, increase, or key employees to a management cumpany or other person?  1 but the organization become aware during the year of a agrificant diversion of the organization is assets?  2 but the organization bave members or stockholders?  3 but the organization have members or stockholders?  4 but the organization have members or stockholders?  5 but an organization have members of the governing body?  5 but the organization have members of the governing body?  7 but the governing body?  8 but the conjugation orthogromorecely document the meetings held or written actions undertaken during the year by the following:  8 but the conjugation orthogromorecely document the meetings held or written actions undertaken during the year by the following:  8 but the conjugation orthogromorecely document the meetings held or written actions undertaken during the year by the following:  8 but the conjugation orthogromorecely document the meetings held or written actions undertaken during the year by the following:  9 but the conjugation orthogromorecely document the meetings held or written actions undertaken during the year by the following:  9 but the conjugation orthogromorecely document the meetings held or written actions undertaken during the year by the following:  9 but the conjugation that the properties of the poverning body?  10 bu	Sec	Check if Schedule O contains a response to any question in this Part VI			لما				
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting melbis and members of the governing body, or the governing body delegated broad authority to an occulive committee or smitter committee, option in Schedule 0.  b Enter the number of voting members an entitled in line 1s, above, who are independent  2 X  Dod any officier, director, suctive, or key employees the ast family relationship or a business relationship with any other officier, director, strustee, or key employees the ast family relationship or a business relationship with any other officier, director, strustees, or key employees to a management company or other person?  3 X  X  Dot the organization nebes are significant changes to its governing documents sent the perior From 990 was filled?  4 X  Dot the organization nebes members or stockholders or to governing documents sent the perior From 990 was filled?  5 Dot the organization have members or stockholders?  7 Dot the organization have members or stockholders?  7 Dot the organization have members or stockholders?  8 Dot the organization have members or stockholders?  9 Dot the organization have members or stockholders?  10 Dot the organization have members or stockholders?  11 Dot the organization have members or stockholders?  12 Dot the organization have members or stockholders?  13 Dot the organization have members or stockholders?  14 Dot the organization have members of the programization reserved to (or subject to approved by) members, stockholders, or persons often than the governing body?  15 Each committee with authority to act on behalf of the governing body?  16 Each committee with authority to act on behalf of the governing body?  17 Each committee with authority to act on behalf of the governing body?  18 Dot the organization have well organization than the organization of the organization have be calcinated in the subject of the society of the soc	000	tion A. doverning body and management		Yes	No				
If there are material differences in voting rights among members of the governing body, delighted broad authority to an executive committee or sminic committee, explain in Schodiel 6.  b. Enter the number of voting members included in fine 1a, above, who are independent  2. X  Del any officer, director, trustees, or key employee?  3. Del 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?  4. Del the organization make any significant charges to its governing documents since the preson?  5. Del the organization have members or stockholders?  6. Del the organization have members at stockholders?  7. Del the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8. Are any operanacion consensing of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9. Del the organization contemporaneously document the meetings held or written achieves undertaken during the year by the following:  8. The governing body?  9. Each committee with authority to act on behalf of the governing body?  9. Each committee with authority to act on behalf of the governing body?  9. Each committee with authority to act on behalf of the governing body?  9. Each committee with authority to act on behalf of the governing body?  9. Each committee with authority to act on behalf of the governing body?  9. Each committee with authority to act on behalf of the governing body?  10. Did the organization have interned by the properties of the pr	1a	Enter the number of voting members of the governing body at the end of the tax year	;						
body delegated forcid authority to an executive committee or smiller committee, explain in Schedule C.  b. Effect 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 officer, director, trustee, or key employees to a management demand of officers, directors, or frustees, or key employees to a management company or other person?  3 Did the organization of progress or trustees, or key employees to a management company or other person?  4 L X  Did the organization become aware during the year of a significant diversion of the organization's assests?  5 Did the organization have members or stockholders?  7a Did the organization have members a stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 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?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Did the organization or contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  7 Bid Tyes,* did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 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?  11 Has the organization have a written document with the organization's exempt purposes?  12 Did the organization have a written document with the organization's e				ĺ .					
b Enter the number of volting members included in line 1a, above, who are independent 1b 3					ĺ				
2 Did any officer, director, trustse, or key employee have a family relationship or a business relationship with any other officer, director, trustse, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a synfliciant diversion of the forganization backers are members or stockholders?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the powering body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the powering body?  5 Did the organization have members, stockholders, or other persons of the organization have members of the powering body?  6 Did the organization consistence and the meetings held or written actions undertaken during the year by the following:  8 Did the organization on consistence and producing the members of the powering body?  9 Is there any officer, director, inustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization is making address? If **Yes,** provide the rannes and addresses in Scheduler C  9 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  11 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?  11 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?  12 Did the organization have a written officied in the research of the deliberation and	b		3		ĺ				
officer, director, trustee, or key employee?  1 Det the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  2 Det the organization make any significant changes to its governing documents since the pinor Form 990 was filed?  3 Det the organization have members or stockholders?  5 Det the organization have members or stockholders?  6 Det the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons otheir than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Bit the organization contemporancesly document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization or provider the remains and addresses in Schedule O.  10a Did the organization have local chapters, branches, or affiliates?  5 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure than organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure that organization have written policies and procedures governing body before filing the form?  1 Is Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  1 Is Has the organization provided a complete copy of the Form 990 to all members of its governing body before filing the form?  2 Did the organization have a written organiza									
of officers, directors, or fusitess, or key employees to a management company or other person?  4			2	Х					
4 Did the organization hake any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 J X  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 A vary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  7 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 B Lath committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maining address II *Ves*, Provide the names and addresses in Schedule O  9 Section B. Policies (miss Section B agouests information about policies not required by the internal Revenue Code)  10a Did the organization have local chapters, branches, or affiliates?  10b 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?  11a Has the organization have a 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?  11b Were offices, director, or trustees, and key employees required to decisions annually interests that could give rise to conflicts?  11c Debut the organization have a written whistelloliver policy?  11d Has the organization have a written whistelloliver policy?  11d Debut	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
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6 Dd the organization have members or stockholders? 7a Dd the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b Decision of the thing the governing body?  8 Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Deach committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Deach committee with authority to act on behalf of the governing body?  8 Deach committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maning address? If Yes, provide the names and addresses in Schedule 0  9 X  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Dd the organization have local chapters, branches, or affiliates?  11b Has 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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Describe in Schedule O the process, if any, used by the organization's exempt purposes?  11b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12c Dd the organization have a written continued the provision of the organization have a written of the organization of the organization have a written of the organization of the organization have a written and provision of th	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4						
Ta Dd the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  A Ta Day overnance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  B Each committee with authority to act on behalf of the governing body?  B Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If 'Yes,' powde the names and addresses in Schedule 0  Section B. Policies Tins Section B requires information about policies not required by the Internal Revenue Code.)  Ves. No.  Section B. Policies Tins Section B requires information about policies not required by the Internal Revenue Code.)  Ves. No.  Set 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?  11 Has the organization have a written conflict of inferest policy? If 'No', go to the 13  b Were officers, directors, or trustees, and key employees required to discloss annually interests that could give rise to onflicts?  12a X  b Were officers, directors, or trustees, and key employees required to discloss annually interests that could give rise to onflicts?  12b Job the organization have a written whistleblower policy?  13	5	Did the organization become aware during the year of a significant diversion of the organization's assets?							
The persons of the governing body?  A vary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B bit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  B cach committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0  Section B. Politicies (This Section β requests information about policies not required by the Internal Revenue Code.)  Yes No  10a 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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  12b Describe in Schedule 0 the process, if any, used by the organization is exempt purposes?  12c Did the organization have a written organized to require the process for the formal substitution and destruction policy? If "Yes," describe in Schedule O they this was done  13 Did the organization have a written whisteblower policy?  14 Did the organization have a written whisteblower policy?  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?  15a X  16b Uther officers or key employees of the organization of the deliberation and decision?  16a Did the organization file of the process in Schedule O (see instructions)  16b Uther officers or key employees of the organization of the deliberation and decision?  16a Did the organization invest in, contribute assets in, or participat	6	Did the organization have members or stockholders?	6		X				
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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 X  1									
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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  17 List the states with which a copy of this Form 990 is required to be filed ▶TN  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) available for public inspection Indicate how you made these available. Check all that apply ☐ Own website ▼X Another's website ▼X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 ▶ Community Foundation of Greater Memphis, Inc. − 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	b		150	<b>-</b>	<u> </u>				
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  17 List the states with which a copy of this Form 990 is required to be filed TN  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) available for public inspection Indicate how you made these available. Check all that apply  Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	40								
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  17 List the states with which a copy of this Form 990 is required to be filed ▶TN  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) available for public inspection. Indicate how you made these available. Check all that apply  ☐ Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 ▶ Community Foundation of Greater Memphis, Inc. − 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	16a		160		v				
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  17 List the states with which a copy of this Form 990 is required to be filed ▶TN  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) available for public inspection. Indicate how you made these available. Check all that apply  □ Own website ▼X Another's website ▼X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 ▶  Community Foundation of Greater Memphis, Inc. − 901−728−4600  1900 Union Avenue, Memphis, TN 38104−4029		, e ,	loa	<del> </del>	A				
exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►TN  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) available for public inspection. Indicate how you made these available. Check all that apply  Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 ►  Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	b				ļ				
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►TN  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) available for public inspection. Indicate how you made these available. Check all that apply  Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 ►  Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029			166						
17 List the states with which a copy of this Form 990 is required to be filed ►TN  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) available for public inspection. Indicate how you made these available. Check all that apply  Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 ►  Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	500		IOD						
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 for public inspection. Indicate how you made these available. Check all that apply  Own website  X 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 statements available to the public during the tax year  State the name, physical address, and telephone number of the person who possesses the books and records of the organization  Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029									
for public inspection. Indicate how you made these available. Check all that apply  Own website X 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 statements available to the public during the tax year  State the name, physical address, and telephone number of the person who possesses the books and records of the organization Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029			availah						
Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	18		aranal						
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, physical address, and telephone number of the person who possesses the books and records of the organization   Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029									
statements available to the public during the tax year  State the name, physical address, and telephone number of the person who possesses the books and records of the organization   Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	40		nd fine	ncial					
State the name, physical address, and telephone number of the person who possesses the books and records of the organization  Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	19		.u mai	·Oidi					
Community Foundation of Greater Memphis, Inc 901-728-4600  1900 Union Avenue, Memphis, TN 38104-4029	00		ation 🖹	•					
1900 Union Avenue, Memphis, TN 38104-4029	∠U		~VII						
132006									
01-23-12		6	Form	990	(2011)				

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

Check if Schedule O contains a response to any question 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.

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ntion more rson	than of	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Il trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Tommie Smith Dunavant									•	
Chair	1.00	X.		Х				0.	0.	0
(2) Buchanan D. Dunavant	1 1 1							_	•	•
Vice-Chair	1.00	X.		X				0.	0.	0
(3) Robert M. Fockler	1 00	37		3,5				_	100 007	40 300
President	1.00	<u> </u>		X	-	<u> </u>		0.	182,907.	40,309
(4) Mack E. McCaul, Jr.	1 00	v		x	,			0.	120,164.	23,627
Freasurer	1.00	┢		^		$\vdash$		<u> </u>	120,104.	23,021
(5) J. Martin Regan, Jr. Secretary	1.00	v		X				0.	0.	0
				-						
										-
		<u> </u>			ļ					

	Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (describe	(do box offi		(C Post heck i ss per	c) ition more rson i	than	one h an	(D) Reportable compensation from the	(E) Reportable compensation from related		an	(F) timate nount o	of
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization: (W-2/1099-MIS			e ion ed	
										<del>~ ~</del>	-			
vidralin a														
	otal from continuation sheets to Part \ (add lines 1b and 1c)	/II, Section A					<b>*</b> * *		0.	303,0	0.		3,9	0.
2 Total	number of individuals (including but ensation from the organization	not limited to th	nose	liste	ed al	oove	e) wh	no re	1			<del></del>	Yes	O No
line 1a	e organization list any former office a? If "Yes," complete Schedule J for	such individual										3		х
and re	ry individual listed on line 1a, is the solitated organizations greater than \$15 in person listed on line 1a receive or	50,000? If "Yes,	," cc	mpl	ete S	Sche	edule	e J f	for such individual		,	4	х	
Section B.	red to the organization? If "Yes," con Independent Contractors lete this table for your five highest c							ors t	hat received more than	\$100,000 of con	npens	5 ation f	rom	X
•	ganization Report compensation fo	the calendar y	ear	endi	ng v					year	<del></del> -	(C	;)	
	Name and busines	s address	N	INC	<u> </u>				Description	services		ompe	isatio	11
												<u>-</u>		
	number of independent contractors 000 of compensation from the organ	-	not li	mite	d to		se li: 0	stec	above) who received n	nore than		Form	000 /	

Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
a it	d	Related organizations	1d					
iE,	е	Government grants (contribut	ions) 1e					
i Si		All other contributions, gifts, gran						
the the		similar amounts not included abo		103,275.				
<b>E</b>	g	Noncash contributions included in lines		-				
S ĕ	h	Total, Add lines 1a-1f		<b>&gt;</b>	103,275.			
				Business Code				
ġ.	2 a							
ا ک	ь							
Se	С						-	
e e	d							,
Program Service Revenue	е							
ď	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		▶				·
ŀ	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		<b></b>				
			(ı) Real	(II) Personal	l			
	6 a	Gross rents				·		
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b></b>				
-	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
ł	b	Less cost or other basis						
		and sales expenses		-				
	С	Gain or (loss)						
	d	Net gain or (loss)		<b></b>				
ايو	8 a	Gross income from fundraisin	g events (not					
- Fil		ıncludıng \$	of					
ě		contributions reported on line	1c) See					
ja		Part IV, line 18	а					
Other Revenue	b	Less direct expenses	b					
	C	Net income or (loss) from fund	draising events	<b>_</b>				<u> </u>
	9 a	Gross income from gaming a	ctivities See	<u> </u>				
		Part IV, line 19	а					
		Less. direct expenses	b	L				
		Net income or (loss) from gan	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b					
	Ç	Net income or (loss) from sale	s of inventory	<u> </u>			<del> </del>	ļ
		Miscellaneous Revenu	ıe	Business Code				
	11 a	CSV Income		523000	57,507.	57,507.		
ļ	b							
ŀ	С					ļ		
ļ	d			L	PM = 0 =			-
		Total. Add lines 11a 11d		<b>&gt;</b>	57,507.	F		
13200	12	Total revenue See instructions.			160,782.	57,507.	0.	
01-23	-12							Form <b>990</b> (2011)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	0, 1, 10, 1, 10, 1		- D IV		
	Check if Schedule O contains a respon 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			<b>3</b>	·—······
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	_	<del></del>		
2	the United States See Part IV, line 22				
_	· .				
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		<del></del>	<del> </del>	
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 section 403(b) employer contributions)		<del></del>		
9	Other employee benefits		<del></del>		
10	Payroll taxes		<del></del>		
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	, ,				
е	Professional fundraising services. See Part IV, line 17		****		
f	Investment management fees	- <del></del>			
g	Other				
12	Advertising and promotion				
13	Office expenses	20.		20.	
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	· <del>- · · · · · · · · · · · · · · · · · ·</del>	· · · · · · · · · · · · · · · · · · ·		·- ·-
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				-·
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					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20.	0.	20.	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)				

				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		<738,306.	> 1	<738,326.
	2	Savings and temporary cash investments			2	
		Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
		Receivables from current and former officers, director			<del></del> -	
	•	employees, and highest compensated employees Co				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as define	ed under section			
	_	4958(f)(1)), persons described in section 4958(c)(3)(B)			İ	
		employers and sponsoring organizations of section 5			1	
ļ		employees' beneficiary organizations (see instructions			6	
ştş	7	Notes and loans receivable, net	•		7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or other				
	100	basis. Complete Part VI of Schedule D 10a				
1	h	Less accumulated depreciation 10b		1	10c	
	11	Investments - publicly traded securities		· -	11	
	12	Investments - other securities See Part IV, line 11		· · ·	12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		14		
- 1	15	Other assets See Part IV, line 11	10,484,260.	15	10,645,042.	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	9,745,954.	16	9,906,716.
	17	Accounts payable and accrued expenses			17	
- 1	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	•		20	
	20 21	Escrow or custodial account liability. Complete Part I'	V of Schedule D		21	
.ഇ. ∣	21 22	Payables to current and former officers, directors, tru				
ا اق	<i>E.E.</i>	highest compensated employees, and disqualified pe				
==		of Schedule L	income complete t art in		22	
],	23	Secured mortgages and notes payable to unrelated t	hird parties	-	23	
- 1	23 24	Unsecured notes and loans payable to unrelated third			24	
- 1	25 ·	Other liabilities (including federal income tax, payable				
'	20	parties, and other liabilities not included on lines 17-2				
		Schedule D	1). Completo : alt / Co.		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
	<u> </u>	Organizations that follow SFAS 117, check here	➤ X and complete			
S		lines 27 through 29, and lines 33 and 34.				
ဥ	27	Unrestricted net assets		9,745,954.	27	9,906,716.
<u>a</u>	28	Temporarily restricted net assets	•	<u> </u>	28	
Ä !	29 29	Permanently restricted net assets	•		29	
<u> </u>	25	Organizations that do not follow SFAS 117, check	here  and			
느		complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
sse	30 31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	_
⋖	31 32	Retained earnings, endowment, accumulated income			32	
Ne	32 33	Total net assets or fund balances	.,	9,745,954.	33	9,906,716.
- 1	33 34	Total liabilities and net assets/fund balances		9,745,954.	34	9,906,716.
	<u> </u>	TOTAL INCOMESSION OF THE SECURIOR SECURIORS				Form <b>990</b> (2011

Form	990 (2011) The Dunavant Foundation	<u>58-152</u>	<u>8504</u>	Pag	<sub>je</sub> 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	160		<u>82.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>20.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>62.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,745	<u>5,9</u>	<u>54.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	_5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,906	<u>5,7</u>	<u> 16.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			<del></del> ,	<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash _X_ Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ə audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	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 requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form 9	9 <b>90</b> (	2011)

### SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **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. ➤ See separate instructions.

OMB No 1545-0047

2011

pen to Public Inspection

**Employer identification number** 

		The Dun	avant Founda	tion					58	<u>-1528504</u>	<u> </u>
Part I	Reason		ity Status (All organiz		st complet	e this par	t ) See inst	ructions			
The organ	zation is not a	private foundation I	because it is (For lines	1 through	11, check	only one b	ox)		·		
1 📋			s, or association of chur								
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)							
3 🔲			tal service organization		ın section	170(b)(1)	(A)(iii).				
4			operated in conjunction					(b)(1)(A)(iii	). Enter th	e hospital's nan	ne,
· —	city, and stat										
5	•		benefit of a college or u	niversity ov	wned or op	erated by	a governr	mental unit	described	d in	
	_	(b)(1)(A)(iv). (Comple									
6	A federal, sta	ite, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(	1)(A)(v).				
7 🗀	An organizati	on that normally rece	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general pu	ublic described	ın
	section 170(	b)(1)(A)(vi). (Comple	te Part II)								
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗀	An organizati	on that normally reco	eives (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nembership	fees, and	d gross receipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross inves	tment
	income and i	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization af	ter June 30, 19	75
	See section	<b>509(a)(2).</b> (Complete	Part III.)								
10 🔲	An organizati	on organized and op	perated exclusively to te	st for publ	ıc safety. S	See <b>sect</b> io	n 509(a)(4	<b>1</b> ).			
11 X	-	-	perated exclusively for the								or
			itions described in secti				2) See <b>sec</b>	ction 509(a	a)( <b>3).</b> Chec	k the box that	
			organization and compl								
	a X Type		_ ,,		e III - Func	-	-			Type III · Other	
e X		-	t the organization is not								
		-	han one or more publicl						(a)(1) or se	ection 509(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	∍ III			
		rganization, check th									
g			organization accepted a							[	т
	• •		rectly controls, either a	lone or tog	ether with	persons o	described	ın (ıi) and (ı	ii) below,	Yes	
	•		upported organization?	_						11g(i)	X
		•	n described in (i) above?							11g(ii)	X
	` '	-	person described in (i)							11g(iii)	X
h	Provide the f	ollowing information	about the supported or	ganization	(S).						
			(iii) Type of	(in) lo the		(w) Did vo	u potification	(vi) Is	the		
	of supported	(ii) EIN	organization		organization sted in your		u nouly ule tion in col.	Lorganizatio	in in col. I	(vii) Amount	of
orga	anization		(described on lines 1-9		document?		r support?	(i) organiz	ea in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
Commu	nity	<u> </u>	<u> </u>								
Found	ation o	58-1723645	LINE 7	х		x		x			0.
	<u></u>										
							1				
								ļ			
<del></del>		"					_			<del></del>	
					ļ .						
					<u></u>				<u> </u>		
Total	_ 1			<u> </u>	<u> </u>	<u> </u>					0.
	Paperwork Re	duction Act Notice	, see the Instructions t	for				Schedul	e A (Form	990 or 990-EZ	.) 2011

132021 01-24-12

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990 EZ) 2011 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")			<u></u>			
2	Tax revenues levied for the organ-						
	ization'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					_	
4	Total. Add lines 1 through 3						-
5	The portion of total contributions						
	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						<u></u>
Sec	tion B. Total Support			1		<del></del>	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		1		ł		
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			ļ			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)			ļ			
11	<b>Total support.</b> Add lines 7 through 10						<u> </u>
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
C-	organization, check this box and stor	here	rcontage				
	ction C. Computation of Publ					144	
	Public support percentage for 2011 (		•	column (f))		14	9
	Public support percentage from 2010			10 1	.44 22 4/00/	15	9 ev end
16a	33 1/3% support test - 2011. If the				14 IS 33 1/3% OF	more, check this b	ox and ⊾
_	stop here. The organization qualifies				d line 15 is 22 1 /01	% or more charles	bis box
b	33 1/3% support test - 2010. If the				u iine io is 33 1/39	70 OF ITIOTE, CHECK T	IIIS DOX
4-	and stop here. The organization qual				0 12 160 0-165	and line 14 is 100/	or more
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "factorial and approximately approximately approximately approximately and approximately appro					art iv now the orga	nization
_	meets the "facts-and-circumstances"					. 47a . and line 45 .	100/ **
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						e
	organization meets the "facts-and-circ						▶⊨
18	Private foundation. If the organization	<u>in did not check a</u>	box on line 13, 16	oa, 16b, 17a, or 17			
					Sch	edule A (Form 99	J or 990-EZ) 2011

# Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	qualify under the tests listed b	elow, please com	plete Part II.)		<del>-</del>		<del></del>
<u>Sec</u>	tion A. Public Support					·	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	_(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
	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 bus- iness under section 513	l .					
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and			Į.			
	3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	<del></del>					
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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)		In fund, asserted 11	ا دادگان با دادگان با	lov voor oo a cast		Totion
14	First five years. If the Form 990 is fo	tne organization	s iirst, secona, thi	ra, rourth, or fifth t	ax year as a section	on our (c)(s) organi	zation,
	check this box and stop here	in Command De	vecenter-				
	tion C. Computation of Publ					<del></del>	
	Public support percentage for 2011 (			column (f))		15	<u>%</u>
	Public support percentage from 2010					16	<u>%</u>
	ction D. Computation of Inve					<del>                                     </del>	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2011. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	ılıfıes as a publicly	supported organi	zation	▶□
b	33 1/3% support tests - 2010. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
_	line 18 is not more than 33 1/3%, cho						
20	Private foundation. If the organization						<b></b>
	23 01-24-12					hedule A (Form 99	90 or 990-EZ) 201

DUNAVAN2

### **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. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	The Dunavant Founda		58-1528504
Par	t I Organizations Maintaining Donor Advised	l 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose con	ferring
	ımpermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	inization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all th <u>at a</u> pply)	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservatio	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
Da	t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	or Similar Assats
Га	Complete if the organization answered "Yes" to Form 9		olilliai Assets.
			t and halanaa ahaat warka of art
та	If the organization elected, as permitted under SFAS 116 (ASC	•	
	historical treasures, or other similar assets held for public exhibits about of the features to its financial estatement that describ		of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ If the organization elected, as permitted under SFAS 116 (ASC		d halanaa ahaat warka of art historiaal
D		•	, and the second se
	treasures, or other similar assets held for public exhibition, edu	deation, or research in futilierance of public	service, provide the following amounts
	relating to these items:		<b>L</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		φ
_	(ii) Assets included in Form 990, Part X	curse or other similar assets for financial as	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treat the following amounts required to be reported under SFAS 11		iii, piovide
_	Revenues included in Form 990, Part VIII, line 1	o (noo soo) reading to these items	▶ ¢
a			<b>&gt;</b> \$
b	Assets included in Form 990, Part X		Ψ

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

Schedule D (Form 990) 2011

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Sche Par		vant Found		acures or Ot		58-152		
L								
3	Using the organization's acquisition, accession,	, and other records	, cneck any of the	tollowing that are a	significant	use of its c	ollection	items
	(check all that apply)							
а	Public exhibition	d		nange programs				
b	Scholarly research	е	Other	<del></del>				
С	Preservation for future generations				_			
4	Provide a description of the organization's colle					ose in Part	XIV	
5	During the year, did the organization solicit or re		-		lar assets			
	to be sold to raise funds rather than to be maint						Yes	No_
Par	t IV Escrow and Custodial Arrange	•	e if the organizatio	n answered "Yes" 1	o Form 990	), Part IV, III	ne 9, or	
	reported an amount on Form 990, Part X							
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for contribution	s or other assets n	ot included			
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIV and	d complete the foll	owing table		<del></del>			
							Amount	
С	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 Form	n 990, Part X, line 2	217			L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if the	ne organization ans	wered "Yes" to Fo	rm 990, Part IV, line	10			
		a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curren	it year end balance	(line 1g, column (a	i)) held as	•			_
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	-					
c	Temporarily restricted endowment ▶	<u> </u>				•		
	The percentages in lines 2a, 2b, and 2c should							
За	Are there endowment funds not in the possessi	•	tion that are held a	nd administered fo	r the organi	zation		
	by	· ·			ŭ		Ţ,	Yes No
	(i) unrelated organizations						3a(i)	110
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on	Schedule R?				3b	
4	Describe in Part XIV the intended uses of the or	•						
	t VI Land, Buildings, and Equipmer	<del></del>					<del>-</del>	
	Description of property	(a) Cost or oth		or other (c)	Accumulate	ed	(d) Book	value
	Decemplian of property	basis (investme		' '	lepreciation	- 1	(u, ===:	, a.a.o
19	Land	1			····			
	Buildings	-						
	Leasehold improvements							
	Equipment							
	Other							<del></del>
	Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X	(, column (B), line 1	0(c) )		<b>•</b>		0.

Schedule D (Form 990) 2011

	t XI   Reconciliation of Change in Net Assets from Form 990 to	Audited Finance	cial Stat	58-152 tements	<u>8504</u>	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme		10   nue per	Return		
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.					
а	Net unrealized gains on investments	2a		_		
b	Donated services and use of facilities	2b		_		
С	Recoveries of prior year grants	2c		_}		
d	Other (Describe in Part XIV)	2d		_		
е	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	1 )				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
þ	Other (Describe in Part XIV)	4b		-		
С	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XIII Reconciliation of Expenses per Audited Financial Stateme	onto With Evno	2222	5 Poturn		
		ents with Expe	iises þe			
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2a				
a	Prior year adjustments	2b	· · · · · · · · · · · · · · · · · · ·	<b>-</b>		
b	Other losses	2c		-		
d	Other (Describe in Part XIV)	2d		_		
e	Add lines 2a through 2d					
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	_			_	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		
_5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2; Part XI, line 8, Part XII, lines 2d and 4b. Also comp					4, Part
		<u> </u>		Schedule D	(Form 99	90) 2011

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Attach to Form 990.

The Dunavant Foundation

**Employer identification number** 

58-1528504

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X 5a a The organization? X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a X a The organization? X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2011

132112 01-23-12

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2011

For each Individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported as deferred in prior Form 990
	(i)	0	0	0	0	0	0.	
1 Robert M. Fockler	∷⊜	182,90	0	0	19,500.	20,809.	223,216.	
	Ξ							
2	Ξ							
	Ξ							
3	∷≘							
	(i)							
4	<u>(ii)</u>							
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r.	€							
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	Ξ							
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	ε							
8	(ii)							
	Ξ							
6	(ii)							
	Ξ							
10	(ii)							
	Θ							
11	≘							
	Ξ							
12	▣							
	Ξ							
13	<u> </u>							
	Ξ							
14	▣							
	Ξ							
15	▣							
	Ξ							
16	Ш							
				l (			Schedu	Schedule J (Form 990) 2011

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any Part III | Supplemental Information additional information.

The Dunavant Foundation

Schedule J (Form 990) 2011

the the President of the Supported above compensation. Directors reviews and approves the compensation levels by approval of the Form the Supported Organization's entire Board of and recommends the authority to make adjustments as deemed salary comparability studies (including comparisons to other organizations' described Supported Organization's Executive Committee reviews the recommended the President a11 The employees are Organization uses this information to determine compensation for employees. compensated based on information obtained from job performance, OWI 93 of his Executive Committee reviews in the same manner for other employees. During the annual budget process, a]] A11 the organization, with the exception the recommended compensation levels for employed by the related Supported Organization. The compensated officers of the Foundation are Annually, for the President economic factors. The Supported Organization's compensation levels and has Upon approval, compensation level and other budget employees of appropriate. includes annnal 990),

### **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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury

Internal Revenue Service	
Name of the organization  The Dunavant Foundation	Employer identification number 58-1528504
Form 990, Part I, Line 1, Description of Organization Mis	sion:
The primary exempt purpose of the organization is to assi	st the
Community Foundation of Greater Memphis, Inc. in carrying	out its
charitable mission.	
Form 990, Part VI, Section A, line 2: The following Direct	tors are
employed by the Supported Organization: Robert M. Fockler	and Mack E.
McCaul, Jr. These Class I Directors of the organization	are therefore not
technically considered independent. However, as represen	tatives of the
Supported Organization, they ensure that the organization	's mission is
carried out.	
The following Directors have family and business relation	ships: Tommie
Smith Dunavant and Buchanan D. Dunavant.	· · · · · · · · · · · · · · · · · · ·
Form 990, Part VI, Section B, line 11: The Foundation dis	tributes the Form
990 return to its Directors via email prior to its filing	. The Directors
review it and respond to the Treasurer with any questions	or concerns. If
the Treasurer does not have any unanswered inquiries after	r a reasonable
period of time, then he will consider this as approval for	or the Form 990 to
be filed.	
Form 990, Part VI, Section B, line 12: Conflict of Interes	est Form 990,
Part VI, Line 12a	

Currently, the Foundation has not adopted a written conflict of interest LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

accounting firm that performed the audit. These are the same procedures

as prior year.

Department of the Treasury internal Revenue Service SCHEDULE R (Form 990)

Partl

# Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number 58-1528504 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) The Dunavant Foundation

	(a)	(q)	<b>②</b>	( <del>Q</del> )	(e)	<b>(£)</b>
	Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
Part II	Identification of Related Tax-Exempt Organizations (Complete In organizations during the tax year)	ons (Complete if the organization a	f the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more re	lated tax-exempt

organizations during the tax year)							
(a)	(q)	(0)	<del>(</del>	(e)	€	(9)	26×43)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led bel
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	No
Community Foundation of Greater Memphis,	To serve as a Community						
Inc 58-1723645, 1900 Union Avenue,	Foundation for Memphis and						;
Memphis IN 38104	the Mid South vicinty	Tennessee	501(c)(3)	509(A)(1)			×
The Canale Foundation, Inc 62-1670425	Assist the Comm. Fdtn. of						
1900 Union Avenue	Grtr Mem, to carry out its						;
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)			×
Community Foundation Realty, Inc	Assist the Comm. Fdtn. of						
62-1493663, 1900 Union Avenue, Memphis, TN	Grtr Mem, to carry out its						;
38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)			×
The Clarence Day Foundation - 62-1441490	Assist the Comm. Fdtn. of			•			
1900 Union Avenue	Grtr Mem, to carry out its						;
Memphis IN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)			×

Schedule R (Form 990) 2011

58-1528504

The Dunavant Foundation

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(p)	(e)	£	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?
FLF Foundation, Inc 58-1998879	Assist the Comm. Fdtn. of					
1900 Union Avenue	Grtr Mem, to carry out its					
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
Gayle S. Rose Foundation, Inc 31-1691553	Assist the Comm. Fdtn. of					
1900 Union Avenue	Grtr Mem, to carry out its					
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
Gilliland Family Fund, Inc 31-1695430	Assist the Comm. Fdtn. of					
1900 Union Avenue	Grtr Mem, to carry out its					
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
The Jay Martin Foundation, Inc 62-1838778	62-1838778 Assist the Comm. Fdtn. of					
1900 Union Avenue	Grtr Mem, to carry out its					
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
Jeniam II Foundation - 62-1651848	Assist the Comm. Fdtn. of					
1900 Union Avenue	Grtr Mem, to carry out its					
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
MARCH Foundation - 31-1654850	Assist the Comm. Fdtn. of					
1900 Union Avenue	Grtr Mem. to carry out its					_
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
Memphis-Plough Community Foundation -	Assist the Comm. Fdtn. of					
23-7047899, 1900 Union Avenue, Memphis, TN	Grtr Mem, to carry out its					
38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
Porter-Leath Early Childhood Foundation -	Assist the Comm. Fdtn. of					
20-1045305, 1900 Union Avenue, Memphis, TN	Grtr Mem. to carry out its					
38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
The Pictsweet Foundation - 62-1248225	Assist the Comm. Fdtn. of					
1900 Union Avenue	Grtr Mem, to carry out its					
Memphis, TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×
The Turley Foundation, Inc 62-1557849	Assist the Comm. Fdtn. of					
1900 Union Avenue	Grtr Mem. to carry out its					
Memphis TN 38104	charitable activities	Tennessee	501(c)(3)	509(A)(3)		×

58-1528504 Page 2

Schedule R (Form 990) 2011 The Dunavant Foundation

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ 3 Code V-UBI General or P amount in box managing c 20 of Schedule K-1 (Form 1065) Yes No Share of end-of-year assets Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets Direct controlling entity Share of total ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> <u>@</u> Primary activity (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 132162 01-23-12 Part IV

Page 3

# Schedule R (Form 990) 2011 The Dunavant Foundation

or 36.)
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"Yes" to
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Related O
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Transactions
Part V

of the design of the second of				No.
Note: Complete line in any entity is listed in Parts in, in, or to the following transactions with one or more related organizations listed in Parts II-IV?  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II:1V?	+
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				db X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				Je X
f Sala of accate to related organization(c)				*
h Exchange of assets with related organization(s)				
i Lease of facilities, equipment, or other assets to related organization(s)				×
j Lease of facilities, equipment, or other assets from related organization(s)				1j   X
	anization(s)			*
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			= X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			th X
n Sharing of paid employees with related organization(s)				rt X
<ul> <li>Rembursement paid to related organization(s) for expenses</li> </ul>				10 X
				T dt
<ul> <li>q Other transfer of cash or property to related organization(s)</li> </ul>				1q X
r Other transfer of cash or property from related organization(s)				1r X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	
(1)			,	:
(2)				
(3)				
(4)				
(5)				
(9)				
132.168 01-23-12	32		Schedu	Schedule R (Form 990) 2011

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership					
General or managing partner?				-	
(I) Code V-UBI Impount in box 20 of Schedule K-1 (Form 1065)					
Ouspropor- tonate allocations?					
Ye allo	 			 	
(g) Share of end-of-year assets			:		
(f) Share of total income					
(e) Are all partners sec 501(c)(3) 01gs 7		 			
me part 7, 50 314) <b>Ye</b>		 		 	
reign Predominant income parties sec (related, unrelated, exclided from tax under section 512-514) yes No					
(c) domicile or foreign					
(b) Primary activity					
(a) (b) Name, address, and EIN Primary activity Legal (state co					

Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011 The	Dunavant	Foundation	58-1528504 Page 5
Part VII	(Form 990) 2011 The Supplemental Information	n		
	Complete this post to accorde ada	itianal information	for responses to guestions on Schodule P (see instru	etions)
	Complete this part to provide add	illional information	for responses to questions on Schedule R (see instruc	200113)
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### Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No 1545-1709

• If yo	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons
	u are filing for an Additional (Not Automatic) 3-Month Ex	_		this form).		
	t complete Part II unless you have already been granted					
	onic filing (e-file). You can electronically file Form 8868 if					corporation
	ed to file Form 990-T), or an additional (not automatic) 3-mo					
	to file any of the forms listed in Part I or Part II with the ex					
	nal Benefit Contracts, which must be sent to the IRS in pag					
	ww irs gov/efile and click on e-file for Chanties & Nonprofits					
Part			submit original (no copies ne	eded).		
A corp	oration required to file Form 990-T and requesting an auto	matic 6-mc	onth extension - check this box and	complete	_	_
Part I	only					ightharpoons
All oth	er corporations (including 1120-C filers), partnerships, REN	1ICs, and t	rusts must use Form 7004 to reques	an exter	sion of time	
to file i	ncome tax returns					
Туре	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification	number (EIN) or
print						
	The Dunavant Foundation			X	58-152	8504
File by the due date for Number, street, and room or suite no. If a P O box, see instructions.  Social security number						(SSN)
filing your return See 1900 Union Avenue						
instructi		oreign add	lress, see instructions			
	Memphis, TN 38104-4029					
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For	Code		
Form 9	990	01	Form 990-T (corporation)			07
Form 9	990-BL	02	Form 1041-A			08
Form 9	990-EZ	01	Form 4720		<del> </del>	09
Form 9	990-PF	04	Form 5227			10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
			n of Greater Memph			-
	books are in the care of > 1900 Union Ave	nue -				
	ephone No ► 901-728-4600		FAX No ► 901-722-00	10		. $\Box$
	ne organization does not have an office or place of busines					
_	nis is for a Group Return, enter the organization's four digit	_			_	oup, check this
box					ers the exten	sion is for
1	request an automatic 3-month (6 months for a corporation					
	December 15, 2012, to file the exemp	ot organiza	tion return for the organization name	ed above	The extension	ו
	s for the organization's return for					
	calendar year or					
	X tax year beginning MAY 1, 2011	, an	id ending <u>APR 30, 2012</u>			
_	If the contract of the first day for board to the contract of		an Installantian I	Constant		
2	If the tax year entered in line 1 is for less than 12 months, o	cneck reas	on Initial return	Final retui	m	
	Change in accounting period					
2-	f this application is for Form 000 DL 000 DE 000 T 4700	or enen -	inter the tentative toy less any			
	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	വ ഉവരച്ച, ഉ	mer the tentative tax, less any	25		0.
	nonrefundable credits. See instructions	onter aci	refundable credits and	3a_	\$	
	If this application is for Form 990-PF, 990-T, 4720, or 6069,			3b		0.
	estimated tax payments made. Include any prior year overj Balance due. Subtract line 3b from line 3a Include your pa			30	\$	<u>_</u> .
	by using EFTPS (Electronic Federal Tax Payment System)			3c		0.
	on. If you are going to make an electronic fund withdrawal				FO for payme	
vault	III, II YOU AIR YOUNG TO MAKE AIT EIECTIONIE TUNG WITHUIAWAI	************	5 5555, 555 . Gill 0-55 LO alla i	<u></u>	LO IOI Payille	THE HIGH GOLDON

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)