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Return of Private Foundation

OMB No 1545-0052

	990-66	N Do not or	or Section 4947(a)(1) Trust Trea nter Social Security numbers o			2013
Intern	tment of the Treasu al Revenue Service	Information about	t Form 990-PF and its separate	instructions is at WWW.IC	s.gov/form990pf.	Open to Public Inspection
Ford	alendar year 20	13 or tax year beginning J	JUL 1, 2013	, and ending	JUN 30, 2014	
Nan	ne of foundation				A Employer identification (number
m	LITA ITATATZI	S ECIDIDAMICH IN	T O		62 1520052	
		A FOUNDATION, IN O box number if mail is not delivered to a	IC .	Room/suite	62-1530053	
		JSTRIAL ROAD	Street address)	Hoom/suite	B Telephone number 423-639-117	7 1
		province, country, and ZIP or forei	was postal sada		†	. 1 1
		LLE, TN 37745-3			C If exemption application is per	nding, check here
	heck all that app			ormer public charity	D 1. Foreign organizations,	check here
•	mook all that app	Final return	Amended return	office public charty	1. Foreigh Organizations,	CHECK HOLE
		Address change	Name change		Foreign organizations meet check here and attach com	ting the 85% test,
H C	heck type of org		(3) exempt private foundation		E If private foundation statu	
		a)(1) nonexempt charitable trust	<u></u> · · ·	lation	under section 507(b)(1)(
I Fa	ır market value o	fall assets at end of year J Acco	counting method: X Cash	Accrual	F If the foundation is in a 60	0-month termination
(fr	om Part II, col.	(c), line 16)	Other (specify)		under section 507(b)(1)(
	·\$		column (d) must be on cash	basis)		
Pa	Irt I Analysis (The total of	of Revenue and Expenses amounts in columns (b), (c), and (d) may r	not (a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily	equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
		ns, gifts, grants, etc., received	103,000.		N/A	
	2 Check L	if the foundation is not required to attach Schavings and temporary	9.	9.		STATEMENT 1
	cash investri	nents	9.	9.		STATEMENT I
	5a Gross rents	and interest from securities	-		+	
	b Net rental inc					
	l <u>-</u>	oss) from sale of assets not on line 10				
age -	b Gross sales in	orice for all		_		
Revenue	1	net income (from Part IV, line 2)		q.	RECEIVEL	
æ	8 Net short-t	erm capital gain				7%
		difications		, Q	1 1 1 1 1 1 1 1	lől
	10a Gross sales I	ess returns es		là	111	<u> </u>
	b Less Cost o	f goods sold			<u> </u>	<u> </u>
	c Gross prof	, ,			OGDEN. LI	
	11 Other incom		103,009.	9.		
		lines 1 through 11	103,009.	0.		0.
		on of officers, directors, trustees, etc oyee salaries and wages		-	<u> </u>	
		ans, employee benefits				
ses	16a Legal fees	,,		 		
ens	b Accounting	j fees				<u> </u>
ᄍ	c Other profe	essional fees				
<u>š</u>	17 Interest					
and Administrative Expenses	18 Taxes					
inis	19 Depreciation	n and depletion				
Ē	20 Occupancy			ļ		
ΨÞ	21 Travel, cor	ferences, and meetings				
a an	22 Printing an	d publications				
Operating	23 Other expe	nses ating and administrative				
era	PANDUE	Add lines 13 through 23	0.	. 0.		0.
o	25 Contribution	ons, gifts, grants paid	102,239			102,239.
		enses and disbursements.				=,
	Add lines		102,239	. 0 .	,	102,239.
_	†	ne 26 from line 12:			,	
	a Excess of re	venue over expenses and disbursements	770.			

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

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N/A

Ø

INC.

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

323511 10-10-13 19,329.

5

Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) H	low acc - Purch - Donat	quired (i lase tion	c) Date acquire (mo., day, yr.)		Date sold ., day, yr.)		
8										
b NO	NE				<u> </u>					 _
<u>C</u>					├					
<u>d</u>		 .			├					
<u>e </u>	(6) [Depression allowed	(=) Coo		Ц.		1	(h) Cara as	(1)	
(e) Gross sales price	(1) (Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or ((e) plus (f) mi		
a			<u>'</u>					(-)	(0)	
<u>-</u> b					\neg			· · · · ·		<u> </u>
C						•				
d									· · · · · · · · · · · · · · · · · · ·	·
e										
Complete only for assets showing	ig gain in	column (h) and owned by	the foundation	on 12/31/69			(i) <u>(</u>	ains (Col. (h)	gain minus	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any	i			k), but not less Losses (from		
a										
b										
C			ļ							
<u>d</u>			 							
e			<u> </u>			— т	-,			
Capital gain net income or (net ca	pital loss)	If gain, also ente If (loss), enter -0			}	2				
Net short-term capital gain or (los			nd (6):		٦١					
If gain, also enter in Part I, line 8,	column (C).			١					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor 6	ection 4940(e) for	. Doducos	Tay on Not	100	3	ont Inco	mo		
or optional use by domestic private								·····C		
section 4940(d)(2) applies, leave to as the foundation liable for the sec "Yes," the foundation does not qua	tıon 4942 lıfy under	tax on the distributable an section 4940(e). Do not co	omplete this pa	ırt.					Y	es 🗶 N
Enter the appropriate amount in (a)	each colu		nstructions be	iore making any e				γ	(d)	
Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dis		Net value of no	(c) onchar	rıtable-u		(col. (t	listribútión rat o) divided by (col. (c))
2012			9,120.	<u></u>			2,482.			13988
2011			4,150.				7,956.	 		32001
2010			7,679. 8,342.				1,150.			04744
2009			00,342.	<u> </u>			9,618. 6,115.	 		26251 67669
2008		- 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				·, ±±J•	1	47	0 / 0 0 3
Total of line 1, column (d)	5		l 0 h 5		4			2	151.	44654
Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	oi ye	als		3	30.	28931
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5				4	1	7,603				
5 Multiply line 4 by line 3				5	53	3,183				
6 Enter 1% of net investment income (1% of Part I, line 27b)				6		(
Add lines 5 and 6	•	•						7	53	3,18
Enter qualifying distributions from	n Part YII	line 4						8		2,23
If line 8 is equal to or greater that See the Part VI instructions.			e 1b, and comp	plete that part usin	ng a 1	% tax ra	ate.			
See the Fait vi ilistructions.	-	<u> </u>							- 00	0-PF (20

	990-PF (2013) THE UNAKA FOUNDATION, INC.				<u> 1530(</u>			Page 4
Par	t VI. Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 4	940(e), or 4	948 -	see in	stru	ction	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/i	A" on line 1.)					
•	Date of ruling or determination letter: (attach copy of letter if necessary	-see instructi	ons)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗔	and enter 1%	· •	1				0.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part	t I, line 12, col	. (b). 丿					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	nter -0-)		2				0.
	Add lines 1 and 2			3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others ei	nter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
	Credits/Payments:							
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a	ļ	16.					
b	Exempt foreign organizations - tax withheld at source 6b	↓						
C	Tax paid with application for extension of time to file (Form 8868) 6c							
d	Backup withholding erroneously withheld 6d	<u> </u>						
7	Total credits and payments. Add lines 6a through 6d			7				<u> 16.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		•	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		, >	10				16.
	Enter the amount of line 10 to be: Credited to 2014 estimated tax	16.	Refunded >	11				0.
_	rt VII-A Statements Regarding Activities						V	NIa
	During the tax year, did the foundation attempt to influence any national, state, or local legislation o	or did it particij	oate or intervene	ın	Ļ		Yes	
	any political campaign?				-	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	es of any ma	iterials publish	ed or				
	distributed by the foundation in connection with the activities.							v
	Did the foundation file Form 1120-POL for this year?					1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		0					
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$		0.		- 1			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	x imposed on	foundation					
	managers. ▶ \$ 0.					•		v
	Has the foundation engaged in any activities that have not previously been reported to the IRS?				ŀ	2		<u>X</u>
	If "Yes," attach a detailed description of the activities.				1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	ieni, articies o	i incorporation, t	Я		•		х
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				ŀ	3 4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			-11	′ **	5		Х
J	If "Yes," attach the statement required by General Instruction T.				ŀ	J		
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
v	By language in the governing instrument, or							,
	 By state legislation that effectively amends the governing instrument so that no mandatory direct 	tions that conf	lict with the state	law				•
	remain in the governing instrument?	nono mai com	not with the state	, 1411		6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	Part II col I	c) and Part X\	,	ŀ	7	X	
•	bid the foundation have at least 40,000 in accord at any time during the year. In 100, complete	, art 11, 001. (0), 41/0 / 41/2		ŀ			
Яs	Enter the states to which the foundation reports or with which it is registered (see instructions)	•						
vu	TN							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General (or d	esignate)		—			1
_	of each state as required by General Instruction G? If "No," attach explanation		J,			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4	942(j)(3) or 4	942(j)(5) for cale	endar				
-	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," comple		VII.			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing		d addresses		Ì	10		Х
					Fara	. 000	-DF	20121

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P	art X · Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	I " I	
	Average monthly fair market value of securities	_{1a}	0.
b		1b	0. 17,871.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	17,871.
	Reduction claimed for blockage or other factors reported on lines 1a and		•
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	17,871.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	268.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,603.
6	Minimum investment return. Enter 5% of line 5	6	880.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	880.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	880.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	880.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	880.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		100 000
a		1a	102,239.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
8	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	100 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	102,239.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
	income. Enter 1% of Part I, line 27b	5	102 220
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	102,239.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for th	ne section

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Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	·	·		
line 7			•	880.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 799,740.				
bFrom 2009 867,365.				
cFrom 2010 457,125.				
dFrom 2011 73,752.				
eFrom 2012 88,496.				
f Total of lines 3a through e	2,286,478.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 102,239.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			•	
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				880.
e Remaining amount distributed out of corpus	101,359.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,387,837.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	·	0.		
c Enter the amount of prior years'	:			
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			İ
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	799,740.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	1,588,097.			
10 Analysis of line 9:				
a Excess from 2009 867,365.				
b Excess from 2010 457,125.				1
c Excess from 2011 73,752.				
dExcess from 2012 88,496.			1	
e Excess from 2013 101,359.				1 200 ==
				Earm QQA_DE (2013)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year SCHOLARSHIPS (SEE ATTACHED STATEMENT) 49,000. CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS (SEE ATTACHED STATEMENT) 32,500. MATCHING CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS (SEE ATTACHED STATEMENT) 20,739. 102,239. ▶ 3a b Approved for future payment NONE 0. **▶** 3b Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
Elitor group allibanto allibas ottion wide indicated.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
•	code		0000		
a					
b			 		·
<u> </u>			-		
d			-		
e			-		
f	 		 		
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments		 	<u> </u>		
3 Interest on savings and temporary cash			١		
investments			14	9.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		•			
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			+		
than inventory					
9 Net income or (loss) from special events				<u> </u>	
			1		
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue.	1				
å		· · · · · · · · · · · · · · · · · · ·	┼		
b		· · · · · · · · · · · · · · · · · · ·	 		
c			 		
d			<u> </u>		
e			 	<u> </u>	
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	9.	9.
13 Total. Add line 12, columns (b), (d), and (e)				13	9.
(See worksheet in line 13 instructions to verify calculations.)		·			
Part XVI-B Relationship of Activities 1	to the Acc	omplishment of Ex	xemp	ot Purposes	
Line No. Explain below how each activity for which inco			A contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing tu	nds for such purposes).			
				<u></u>	
					,
					

Part XVII	Information Regarding Transfers To and Transactions and Relations	ships With Noncharitable
	Exempt Organizations	

the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? (1) Cash (2) Other assets Differ transactions: (1) Sales of assets to a noncharitable exempt organization (2) Pruchases of assets to an oncharitable exempt organization (3) Find of facilities, equipment, or other assets (4) Reimburgenent arrangements (5) Loans or loan quarrieties (6) Performance of services or membership or fundrassing solicitations (7) It has asset to any of the above 5 refers, complete the following schedule. Column (b) should always show the fair market value of the goods, other sasts, or services given by the reporting foundation. If the Guindation received lists than the market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the Guindation received lists than the market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) It was asset to any oth the above 5 received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship N/A (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship N/A (a) Name of organization (b) Type of organization (e) Description of relationship N/A (a) Name of organization (b) Type of organization (e) Description of relationship N/A (b) Amount involved (c) Name of noncharitable exempt organization (e) Description of relationship N/A (a) Name of organization (b) Type of organization (e) Description of relationship N/A (b) Amount involved (c) Name of organization (e) Type of organization (e) Description of relationship N/A (c) Name of organization (e) Type of organization (e) Description organization of properties as a vincinity organization of properties as a vincinity organization organization organization organization organization organization organization organization	1 Did the	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of							No
(2) Other assets 14(1)	the Co								
(2) Other assets Ta(2) X	a Transfe	i I I							
1. Other transactions:	(1) Ca	ish					1a(1)		X
(1) Sales of assets to a noncharable everapt organization (2) Purchases of assets from a noncharable everapt organization (3) Rehald of facilities, equipment, or other assets (4) Remodustement arrangements (5) Loans or done quarantees (5) Loans or done quarantees (6) Performance of sevences or membership or fundrissing solicitations (6) Performance of sevences or membership or fundrissing solicitations (7) Loans or done quarantees (8) A loans of one quarantees (9) Loans or done quarantees (10) Loans or the above or "es; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (10) Leans of (b) Amount involved (c) Name of noncharable eveript organization (d) Coesciption of sharing arrangement, show in section 501(c) of the Code (other than section 501(c)) or in section 527? □ If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationships of transfers, transactions, and assume grangements N/A If Yes, complete the following schedule.	(2) Ot	her assets					1a(2)		X
(2) Purchases of assess from a nonchartable exempt organization (3) Renated for facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or services in the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services coeraction. (6) Line no (9) Amount involved (c) Name of noncharitable exempt organization (d) coescription of bansdum, transaction, and analysis of services scenario. (8) Line no (9) Amount involved (c) Name of noncharitable exempt organization (d) coescription of bansdum, transactions, and analysis arrangement, show in socious no following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N / A (b) Under permittee of pergun, Tectura that have experted the ration, nection score plant interfacilities, and to the best of my, knowledge and best of a propose the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N / A During permittee of pergun, Tectura that have experted the ration, nection accordancy performance of perguner (enter them backgrein is person or any knowledge accordance to the person of perguner (enter them backgrein is person or any knowledge and permittees and complete backgrein or person or any knowledge and permittees and complete backgrein or perguner (enter them backgrein is person or any knowledge and permittees and complete backgrein or perguner (enter them backgrein is person or any knowledge and permittees and complete backgrein or perguner (enter them backgrein is person or any knowledge and permittees and complete backgrein or perguner (enter them backgrein is person or any	b Other t	ransactions:							
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Sign Here Under penalties of perjury, I declare that I have experimed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Deckfration of preparer (other than taxpayer) is pased on all information of writch preparer has any knowledge seturn with the preparer signature. Date Title					ations described	٦	 -		٦.
(a) Name of organization (b) Type of organization (c) Description of relationship N/A 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 taxpayer) is pased on all information of which preparer shown below (see instr.)? Signature W officer of trustee Print/Type preparer's name Print/Type preparer's name PUGH & COMPANY, P.C. Firm's address ▶ 315 N. CEDAR BLUFF RD.; SUITE 200 KNOXVILLE, TN 37923 Phone no. (865)769-0660				tion 527?		L	Yes	X	J No
N/A Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is pased on all internation of which preparer has any knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is pased on all internation of which preparer has any knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is pased on all internation of which preparer has any knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is pased on all internation of which preparer has any knowledge and belief, it is true, correct and complete Declaration of preparer spand on all internation of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belief, it is true, correct and complete Declaration of which preparer has any knowledge and belie	b If Yes,			(h) Tuno of organization		(a) December of valetions	- h		
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Deparation of preparer (other than taxpayer) is pased on all internation of which preparer has any knowledge shown below (see mstr ?? Signature of difference of trustee Print/Type preparer's name Pugh & Company			Janization	(b) Type of organization		(c) Description of relations	snip		
Sign Here		N/A				 . _			
Sign Here						· · · · · ·	·		
Sign Here									
Sign Here					 				
Sign Here	Ur	nder penalties of perjury. I declare	that I have examined this return, including	l accompanying schedules and	statements, and to the	best of my knowledge			
Paid Preparer Use Only Prim's address ► 315 N. CEDAR BLUFF RD.; SUITE 200 KNOXVILLE, TN 37923 Check	1					has any knowledge re	turn with the	e prepar	er
Paid Preparer Use Only Prim's name ▶ PUGH & COMPANY, F.C. Firm's address ▶ 315 N. CEDAR BLUFF RD.; SUITE 200 KNOXVILLE, TN 37923 Pittle Title Check if PTIN self-employed P00609707 Firm's EIN ▶ 62-1142155 Phone no. (865)769-0660	Here	HAR THOM		14/20/11	Man a				7' I
Paid Preparer JAMES H JONES, CPA Poone Prim's name Pugh & Company, P.C. Firm's name Pugh & Company, P.C. Firm's address 315 N. CEDAR BLUFF RD.; SUITE 200 Phone no. (865)769-0660	J	Signature of officer or trustee	! /)	19/0-110			AL Yes	ـــــــــــــــــــــــــــــــــــــ	ΙО
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Use Only Firm's address ► 315 N. CEDAR BLUFF RD.; SUITE 200 KNOXVILLE, TN 37923 Phone no. (865)769-0660	Prepare			Q					
Firm's address ► 315 N. CEDAR BLUFF RD.; SUITE 200 KNOXVILLE, TN 37923 Phone no. (865)769-0660	•	111110110110					-		
KNOXVILLE, TN 37923 Phone no. (865)769-0660		·	5 N. CEDAR BLUF	F RD.; SUITE	200				
						Phone no. (865)	769-	066	0
									

323622 10-10-13

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

2013

THE UNAKA FOUNDATION, INC. 62-1530053 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v)) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE UNAKA FOUNDATION, INC.

62-1530053

Part I	Contributors ((see instructions)). Use duplicate copies	of Part I if additional sp	oace is needed.
--------	----------------	--------------------	-------------------------	----------------------------	-----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNAKA COMPANY, INC. 1500 INDUSTRIAL ROAD GREENEVILLE, TN 377453541	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE UNAKA FOUNDATION, INC.

62-1530053

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of orga	anization	Employer identification number					
THE UN	AKA FOUNDATION, INC. Exclusively, religious, charitable, etc., indi	vidual contributions to section 501(c)	62-1530053 (7), (8), or (10) organizations that total more than \$1,000 for the				
	the total of exclusively religious, charitable, e	the following line entry. For organization to., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the scompleting Part III, enter the year. (Enter this information once)				
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
—							
	Transferee's name, address, a	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

11-12-14

If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	hıs form).		
	complete Part II unless you have already been granted a				m 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	e to file (6	months for a co	rporation
required	to file Form 990-T), or an additional (not automatic) 3-more	nth extens	sion of time. You can electronically fi	e Form 88	68 to request an	extension
	o file any of the forms listed in Part I or Part II with the exc					
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elect	ronic filing of thi	s form,
visit ww	w.irs gov/efile and click on e-file for Chanties & Nonprofits				· · · · · · · · · · · · · · · · · · ·	
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded)		
A corpo	ration required to file Form 990-T and requesting an auton	natic 6·mo	onth extension · check this box and o	omplete		
Part I or	ıly					▶ ∐
	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	t an extens	ion of time	
to file in	come tax returns.				's identifying n	
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	identification nu	mber (EIN) or
print					60 1500	
File by the	THE UNAKA FOUNDATION, INC.				62-15300)53
due date fo filing your	1500 INDUSTRIAL ROAD	ee instruct	tions.	Social sec	urity number (S	3N)
retum See Instruction			ress, see instructions.			
C-115	e Return code for the return that this application is for (file		to application for each return)			0 4
Enterth	e Return code for the return that this application is for the	a separa	te application for each return,	•	•	رتيت
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
	00 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	720 (Individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	L.A. YONZ					
• The	books are in the care of > 1500 INDUSTRIA	L ROA	D - GREENEVILLE, T	N 377	45-3541	<u> </u>
Tele	phone No. ► 423-639-1171		Fax No. 🕨			
• If the	organization does not have an office or place of busines	s in the Ui	nited States, check this box		-	>
• If the	s is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	if this is for	the whole group	o, check this
box ▶	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all membe	ers the extension	n is for.
1	request an automatic 3-month (6 months for a corporation FEBRUARY 15, 2015, to file the exemp	n required ot organiza	to file Form 990-T) extension of time ation return for the organization name	until ed above.	The extension	
19	for the organization's return for:					
•	calendar year or					
•	X tax year beginning JUL 1, 2013	, ar	nd ending <u>JUN</u> 30, 2014		_·	
2 !	the tax year entered in line 1 is for less than 12 months, of the counting period	check reas	son: Initial return	Final retur	n	
3a li	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069.	enter the tentative tax, less any			
	onrefundable credits. See instructions.	, 0. 0000,	, <u>, , , , , , , , , , , , , , , , , , </u>	За	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 606	9. enter ar	ny refundable credits and			
	stimated tax payments made. Include any prior year over			3ь	\$	16.
c E	Balance due. Subtract line 3b from line 3a. Include your p	ayment w	ith this form, if required,			
t	by using EFTPS (Electronic Federal Tax Payment System)	See instr	uctions.	3c_	s	0.
Cautio	n. If you are going to make an electronic funds withdrawa	ıl (dırect d	ebit) with this Form 8868, see Form	8453-EO a	nd Form 8879-E	O for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see inst	ructions.	-	Form 8868	3 (Rev. 1-2014)

LHA 323841 12-31-13

Form 8868 (Rev. 1-2014)	_				Page 2
If you are filing for an Additional (Not Automatic) 3-Mo	onth Extension, o	complete only Part II and check this	box		> X
Note. Only complete Part II if you have already been grant	ted an automatic	3-month extension on a previously fi	led Form 8	868.	
• If you are filing for an Automatic 3-Month Extension,					
Part # Additional (Not Automatic) 3-Mo	nth Extensio				
		Enter filer's	identifyin	g number, :	see instructions
Type or Name of exempt organization or other filer, se	e instructions.		Employer	identificatio	n number (EIN) or
File by the THE UNAKA FOUNDATION, IN	IC.			62-15	30053
due date for filing your return. See 1500 INDUSTRIAL ROAD		itions.	Social sec	curity numb	er (SSN)
Instructions. City, town or post office, state, and ZIP code.	For a foreign add	dress, see instructions.			
GREENEVILLE, TN 37745-3					
Enter the Return code for the return that this application is	s for (file a separa	ate application for each return)			04
Application	Return	Application			Return
ls For	Code	Is For	. 4.8 0.0	X 300 1.30	Code
Form 990 or Form 990-EZ	01			. 2.02. X 3.34.	
Form 990-BL	02	Form 1041·A		_	08
Form 4720 (individual)	03	Form 4720 (other than individual)	 		09
Form 990-PF	04	Form 5227		· · · · · ·	10
Form 990-T (sec. 401(a) or 408(a) trust)	05 06	Form 8089			12
Form 990-T (trust other than above) STOPI Do not complete Part II if you were not already			iously file	d Form 886	
L.A. YONZ	granted an autor	made 3-month extension on a prev	iousiy inc	<u>a i onii oog</u>	V.
• The books are in the care of ▶ 1500 INDUS	TRIAL ROA	D - GREENEVILLE, T	N 377	45-354	1
Telephone No. ► 423-639-1171		Fax No. ▶			
If the organization does not have an office or place of	business in the U	nited States, check this box			▶ □
• If this is for a Group Return, enter the organization's fo					
box . If it is for part of the group, check this box		ach a list with the names and EINs o			
4 I request an additional 3-month extension of time u	ntil MAY	15, 2015			
5 For calendar year, or other tax year begin	ning JUL 1	, 2013 , and ending	g JUN	<u>30, 2</u>	014
6 If the tax year entered in line 5 is for less than 12 m	onths, check reas	son: Initial return	Final r	eturn	
Change in accounting period 7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED	TO OBTAI	N THE INFORMATION	NECES	SARY I	O FILE A
COMPLETE AND ACCURATE RET					-
8a If this application is for Forms 990-BL, 990-PF, 990	T, 4720, or 6069	, enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720			7.7.7 23.0.0 23.0.0		
tax payments made. Include any prior year overpay	ment allowed as	a credit and any amount paid			16.
previously with Form 8868.			- 8b	\$	10.
 Balance due. Subtract line 8b from line 8a. Include EFTPS (Electronic Federal Tax Payment System). S 		ith this form, if required, by using	80	s	0.
		st be completed for Part II		<u> </u>	
Under penalties of perjury, I declare that I have examined this for it is true, correct, and complete, and that I am authorized to prep	m, including accon			of my knowled	ige and belief,
	Title ► CPA		Date	> 3/1.	3/1
				Form	8868 (Rev. 1-2014)

THE UNAKA FOUNDATION, INC ATTACHMENT TO 990-PDF PAGE 10, PART XV, #2(D) EIN 62-1530053

Qualifying Gifts

Unaka Company will match each eligible contributor's gift up to an aggregate of \$500 00 after one year of employment and up to \$5000 00 after two years of employment

The contribution must come from the personal funds of the contributor and be in cash or securities. The value of sale or published bid price on the date of the gift

- The employee cannot benefit personally from the contribution
- refuse any requests

Amendment. Suspension, or Discontinuance

Unaka Company may at any time amend, suspend, or discontinue discontinuance shall affect the obligation of the company to match gifts made pnor to the date of such amendment, suspension, or this matching of gifts. However, no amendment, suspension or discontinuance

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interpretation which may arise in connection with the administration Unaka Company reserves the right to decide all questions of of this program

Contribution Instructions

gift is received, an official of the organization will complete the remaining section of your form and return it to Unaka Company, Director of Human Resources, 1500 Industrial Rd , Greeneville, Tn 37745 Simply fill out the donor's portion of this brochure and mail it with your contribution to the organization of your choice. When your

Matches will not be made for gifts made to religious institutions or

political organizations

The organization must qualify as a charitable organization

under section 501(c) of the Internal Revenue Code

Matching Charitable Gifts Program

- securities will be determined by the company as of the last

employees and others Under this program, Unaka Company will match personal gifts of eligible contributors to those organizations

that meet the requirements of eligibility set forth below

Eligible Contributors

The purpose of the program is to increase Unaka Company's

Purpose of the Program

charitable contributions and to stimulate individual gifts from

- For organizations outside these four counties, the company will match \$ 50 for each \$1.00 Unaka's Matching Charitable Gifts Program will match dollar for dollar for organizations in Greene County, TN, Sullivan County, TN, Manon County, SC, and Marlboro County, SC

employed one year or longer, retirees, and directors of Unaka All regular salaried and hourly paid employees who have been

Company and its subsidiaries are eligible to participate in this

Matching Charitable Gifts Program

Eligible Organizations

- For IRS purposes Unaka must receive a receipt or a written acknowledgement for any gift
- Matching gifts are not automatic. Unaka reserves the right to

•

Private or public schools, colleges, universities, and graduate

which has been qualified to receive gifts for the school and its

educational program

Organizations that are involved in public service on a broad

scale. Examples include the American Cancer Society,

American Red Cross, American Heart Association, United

Way, etc

certified alumni fund, foundation, or subdivision of the school

for-profit institutions Gifts may also be made to a properly professional schools in the United States qualified as not•

S/2/2006 1 13 28 PM

THE UNAKA FOUNDATION, INC EIN: 62-1530053

ATTACHMENT TO 990-PDF PAGE 10, PART XV, #2(b)

OR SCHOLARSHIP GRANT FROM THE UNAKA SCHOLARSHIP FOUNDATION

Company where parent work	(S	D	ate	
Name	Age	Sex	SSN	
Address		Tel. No. Marital S	Status	
Parent's Name				
	Father		Dept. where p	arent works
	Mother	··· · · ·	Dept. where p	arent works
High School Attended	Maron Culcanta		Year∙Graduat	ted
Scholastic Average	Major Subjects			
College or University Selected or A Address				
Have you made application for entr		1?		
Have you been accepted?		*No. of Ho	ırs enrolled	
*Applicant must maintain 12 hour				Jndergraduate
Program; 6 hours for Graduate Scho	001.			
TO BE SIGNED BY THE PARE	NT(S) OF THE A	PPLICANT:		
I/We the parents of scholarship grant from the Unaka approve of the school selected to reby all rules and conditions set forth this scholarship	eceive these funds	dation in the a We agree to	mount of \$ encourage our	child to abide
Father	Date	Mother		Date
TO BE SIGNED BY THE APPL	CANT:			
I hereby make application to recent the Unaka Scholarship Foundation set forth by the Administrative Con	and if approved, a	gree to abide b	y all the rules	and conditions
Signature of Applicant	Date			
APPROVED – ADMINISTRATI	VE COMMITTE	EE 1	DATE	
Chairmai	1			

SCHOLARSHIP RECIPIENTS Fall Semester 2013

MECO

Student	Parent	Address	College/University Attending	Amount
Justin E Aiken	LeAnn Aiken	127 Sam Aiken Rd. Telford, TN 37690	Tennessee Technological Center	1,000.00
Brianna Kallenmark	Eric Kaltenmark	130 Mercer Lane Afton , TN 37616	Tusculum College	1,000 00



SOPAKCO - SC]	
Sarah E. Alexander	Josheph Alexander	12461 Woodpecker Lane Laurinburg, NC 28352	University of North Carolina Charlotte	,
Lauren R Babb	Teresa Babb	1277 Bruton Fork Church Road Bennettsville, SC 29512	Lander University	1,000 00
Cathenne Brantley	Debra A. Brantley	PO Box 196 Centenary, SC 29519	Miller - Motte Technical College	1,000.00
Lindsey Brooke Dix	Betty Dix	3338 N Hwy 41 A Manon, SC 29574	Florence-Darlington Technical College	1,000.00
Kevin B. Driggers	Barbara Origgers	115 Maple Street Latta, SC 29565	Clemson University	1,000 00
Dewana T. Green-Smith	Tina M. Crawford	3525 Quail Roost Road Mullins, SC 29574	Francis Marion University	1,000.00
Fytai Lynch	Ramona Lynch	1070 Highway 9 West Bennettsville, SC 29512	Northeastern Technical College	1,000.00
Peter Mason Howe, Jr.	Peter Mason Howe, Sr	100 Grace Chapel Church Rd Hamlet, NC 28345	Richmond Communtly College	1,000 00
Celester McCollum	Wilbert McClean	6 Easterling Street Bennettsville, SC 29512	University of South Carolina - Columbia	1,000 00
Crystal Brook Miles	Paula Huggins	716 Cherry Street Galivants Ferry, SC 29544	Horry Georgetown Technical College	1,000.00
Arica Nelson	Wille Nelson	6009 Braddy Ct Mullins, SC 29574	Francis Marion University	1,000 00
Cody Pearce	Patrick G Pearce	1911 Pawnee Drive Kinston , NC 28504	Lenoir Community College	1,000 00
Chelsea C Polson	Jenny Polson	416 McCall Avenue Bennettsville, SC 29512	Florence-Darlington Technical College	1,000.00
Deidre M. Pope	Calvenna H. Pope	407 Reaves Street Marion, SC 29574	Francis Marion University	1,000 00
Dorothy Rogers	Michael Rogers	806 Bethea Ext. Latta, SC 29565	Coastal Carolina University	1,000 00
Tahja Sellers	Willie Sellers	882 Bennettsville Fire Tower Rd Bennettsville, SC 29512	University of South Carolina - Columbia	1,000.00
Arsa S. Williamson	Tabilha Leonard	5214 Bluff Road Mullins, SC 29574	Coastal Carolina University	1,000.00
Jessica Covington	Lue Covington	860 Tailwind Lane Unit # 113 Hartsville, SC 29550	Liberty University	1,000 00

Taylor Baran	Lance Baran	6970 W 105lh PI Crown Point, IN 46307	lvy Tech Community College	1,000 00
Caleigh Baran	Lance Baran	6970 W 105th Pl Crown Point, IN 46307	lvy Tech Community College	1,000.00
Jane Gates	Kevin Gates	3151 Burge Drive Crown Point, IN 46307	Purdue University	1,000.00

Katie E. Barron	Anita Powers	532 Alcoa Dr. Kingsport, TN 37660	East Temessee State University	1,000 00
Kevin McAmis	Myron McAmis	905 Keller Rd Afton, TN 37616	Berea College	1,000 00
Colton E Powers	Anila Powers	532 Alcoa Dr Kingsport, TN 37660	East Tennessee State University	1,000 00
Alexia Weems	Travis Weems	245 Jubilee Road Afton, TN 37616	University of Tennessee - Knoxville	1,000 00
Matthew Weems	Travis Weems	245 Jubilee Road Afton, TN 37616	East Tennessee State University	1,000 00

UNAKA

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	,00 1,00	
	East Tennesse State University	
	415 Elmwood Road	Midway, TN 37809
	Stephen Wallin	
İ	Chandler M. Christopher	

TOTAL \$28,000.00 (1)

SCHOLARSHIP RECIPIENTS Spring Semester 2014

MECO

Student	Parent	Address	College/University Attending	Amount
Justin E. Aiken	LeAnn Aiken	127 Sam Aiken Rd Telford, TN 37690	Tennessee College of Applied Technology	1,000 00
Brianna Kaltenmark	Enc Kallenmark	130 Mercer Lane Afton , TN 37616	Tusculum College	1,000 00

SOPAKCO - SC

Lauren R Babb	Teresa Babb	1277 Bruton Fork Church Road Lander University	Lander University	1,000 00
		Bennettsville, SC 29512		
Catherine Brantley	Debra A. Brantley	PO Box 196 Centenary, SC 29519	Miller - Motte Technical College	1,000.00
Lindsey Brooke Dix	Belty Dix	3338 N Hwy 41 A Marion, SC 29574	Fiorence-Darlington Technical College	200 00
Kevin B Driggers	Barbara Origgers	115 Maple Street Latta, SC 29565	Clemson University	1,000 00
Dewana T. Green-Smith	Tina M Crawford	3525 Quail Roost Road Mullins, SC 29574	Francis Manon University	1,000.00
Fytar Lynch	Ramona Lynch	1070 Highway 9 West Bennettsville, SC 29512	University of South Carolina - Aiken	500.00
Celester McCollum	Wilbert McClean	6 Easterling Street Bennettsville, SC 29512	University of South Carolina - Columbia	1,000 00
Crystal Brook Miles	Paula Huggins	716 Cherry Street Galivants Ferry, SC 29544	Ноггу Georgetown Technical College	1,000.00
Chelsea C Polson	Jenny Polson	416 McCall Avenue Bennettsville, SC 29512	Florence-Darlington Technical College	1,000 00
Deidre M Pope	Calverina H Pope	407 Reaves Street Manon, SC 29574	Francis Marion University	1,000.00
Ma'Lykia D. Purdy	Veronica Purdy	6335 Golden Ct, Mullins, SC 29574	Francis Marion University	1,000.00
Aısa S. Wıllıamson	Tabitha Leonard	5214 Bluff Road Mulins, SC 29574	Coastal Carolina University	1,000 00
Jessica Covington	Lue Covington	860 Tailwind Lane Unit # 113 Hartsville, SC 29550	Liberty University	1,000.00

> CROWN POINT Jane Gates

Jane Gates	Kevin Gates	3151 Burge Drive Crown Point, IN 46307	Purdue University	1,000 00
SOPAKCO - Warehousing	6			
Katie E Barron	Anita Powers	532 Alcoa Dr Kingsport, TN 37660	East Tennessee State University	1,000 00
Kevin McAmis	Myron McAmis	905 Keller Rd. Afton, TN 37616	Berea College	1,000 00
Collon E Powers	Anita Powers	532 Alcoa Dr Kingsport, TN 37660	East Tennessee State University	1,000 00
Alexia Weems	Travis Weems	245 Jubilee Road Afton, TN 37616	University of Tennessee - Knoxvilla	1,000 00
Matthew Weems	Travis Weems	245 Jubilee Road Aflon, TN 37616	East Tennessee State University	1,000 00
UNAKA				
Chandler M Christopher	Stephen Wallin	415 Elmwood Road Midway, TN 37809	East Tennesse State University	1,000.00

0

TOTAL \$21,000.00

Unaka Foundation 06/30/2014 Scholarship Summary Scholarship Grants

Fall 2013 Grants		\$ 28,000 00 ①
Spring 2014 Grants		\$ 21,000 00 ②
•		\$ 49,000 00
Refunded Scholarships	S	\$ _ 3
Gra	and Total	\$ 49,000,00

NO SCHOLARSHIP RECIPIENT IS RELATED TO ANY FOUNDATION MANAGER OR SUBSTANTIAL CONTRIBUTOR



Jul-13
Chartitable Contributions:

Lincoln Park Zoo United Fund Marion County United Way Marlboro County The Unaka Foundation, Inc. EIN: 62-1530053 Attachment to 990-PF Page 11, Part XV, #3A

	\$ 10,000.00	
	\$ 5,000.00	
_	\$ 5,000.00	
_	\$ 20,000.00	(A)

Matching Contributions:

Greene County Community Ministries	\$ 2,000.00
Laughlin Healthcare Foundation	\$ 2,000 00
University of Tennessee	\$ 1,600 00
University of Tennessee	\$ 4,480 00
Texas A&M Kingsville	\$ 2,777 08
Holston Home for Children	\$ 150.00
March of Dimes	\$ 25.00
National MS Society	\$ 651.00
United Way 2nd quarter FY 2013	\$ -
	\$ •

\$ 13,683.08 B

Contribution Total \$ 33,683.08

Scholarships

\$ 28,000 00

\$ 61,683.08 GRAND TOTAL

The Unaka Foundation, Inc. EIN: 62-1530053

Attachment to 990-PF Page 11, Part XV, #3A

Dec-13

Chartitable Contributions :

Greeneville City Schools Foundation	******	\$	12,500.00
		\$	12,500.00 (A
Matching Contributions: American Cancer Society		s	553 00
Susan G. Komen Race for the Cure		\$	20.00
Juinor Achievement Greeneville		\$	1,000.00
GCS Education Foundation		\$	100.00
Texas A&M Kingsville		\$	5,177.41
Holston Home for Children		\$	50 00
United Way 4th qrt FY 2013 1st qrt FY 201	4	\$	156 00

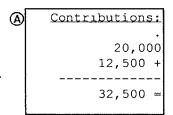
7,056.41 ®

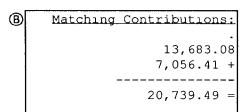
Contribution Total \$ 19,556.41

Scholarships

\$ 21,000 00

\$ 40,556 41 GRAND TOTAL





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Total Contributions:

32,500
20,739.49 +
------
53,239.49 =
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FORM 990-PF INTEREST ON SAVINGS	AND TEMPORARY	CASH INVESTMEN	ITS STATI	EMENT 1	
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMEN INCOME	IT AD	(C) ADJUSTED NET INCOME	
ANDREW JOHNSON BANK	9.	9).		
TOTAL TO PART I, LINE 3	9.	. 9). 		
	ST OF OFFICERS, ID FOUNDATION MA		STATI	EMENT 2	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
DEAN A. NEBBEN 1914 HIXSON MARINA ROAD HIXSON, TN 37343	DIRECTOR 1.00	0.	0.	0.	
RAYBURN H. TANKERSLEY 216 HICKORY TRAIL GREENEVILLE, TN 37745	DIRECTOR 1.00	0.	0.	0.	
HARRY D. WADE P.O. BOX 50754 KNOXVILLE, TN 379500754	DIRECTOR 1.00	0.	0.	0.	
DOMINICK JACKSON 1500 INDUSTRIAL ROAD GREENEVILLE, TN 37745	PRESIDENT 1.00	0.	0.	0.	
L. A. YONZ 1500 INDUSTRIAL ROAD GREENEVILLE, TN 37745	SECRETARY 1.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.	

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SCHOLARSHIPS-DOMINICK JACKSON; GRANTS TO CHARITABLE ORGANIZATIONS-L.A. YONZ (423) 639-1171; 1500 INDUSTRIAL ROAD GREENEVILLE, TN 377453541

TELEPHONE NUMBER

(423)639-1171

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED APPLICATIONS FOR BOTH SCHOLARSHIPS AND CHARITABLE CONTRIBUTIONS

ANY SUBMISSION DEADLINES

SCHOLARSHIPS - NONE CHARITABLE CONTRIBUTIONS - NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE LIMITED TO DEPENDENTS OF EMPLOYEES OF UNAKA COMPANY, INC. AND DEPENDENTS OF EMPLOYEES' SPOUSES. CHARITABLE CONTRIBUTIONS ARE AVAILABLE TO ALL ORGANIZATIONS EXEMPT UNDER CODE SEC. 501(C). SEE ATTACHED REGARDING THE MATCHING CHARITABLE GIFTS PROGRAM.