# EXTENDED TO MAY 15, 2018 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

Pation about Form 990-PF and its senarate instructions is at www.irs.gov/form990pf.

	calandar year 2016 or tax year beginning JU	L 1, 2016		JUN 30, 201	7
Nan	me of foundation			A Employer identificatio	
	THE UNAKA FOUNDATION, INC			62-1530053	3
	mber and street (or P O box number if mail is not delivered to street	Roon/suite	<b>B</b> Telephone number		
	500 INDUSTRIAL ROAD		423-639-13	171	
	ty or town, state or province, country, and ZIP or foreign			C If exemption application is	pending, check here
	REENEVILLE, TN 37745-35				
G C	Check all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	is, check here
	Final return	Amended return		Foreign organizations m check here and attach or	eeting the 85% test,
ш С	Address change  Check type of organization  X Section 501(c)(3)	Name change	t	}	
T-C	Section 4947(a)(1) nonexempt charitable trust	exempt private foundation	$\psi_{0}$	E If private foundation st	
L Fa	air market value of all assets at end of year   J   Accou		Accrual /	under section 507(b)(1	
	·   -	Other (specify)	Accidar /	If the foundation is in a under section 507(b)(1	
		olumn (d) must be on cash b	pasis.)		T/(D/, UTIOCK HOTO
			(b) Net investment	(c) Adjusted net	(d) Disbursements
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	1,500,000.		N/A	
	2 Check I if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	6.	6.		STATEMENT 1
<i>*</i>	4 Dividends and interest from securities				
<i>a</i>	5a Gross rents				
	<b>b</b> Net rental income or (loss)				<del> </del>
ę	6a Net gain or (loss) from sale of assets not on line 10				
Revenue	b Gross sales price for all assets on line 6a	-	0.	REC	EIVED
Re	7 Capital gain net income (from Part IV, line 2)	<u></u>		CXMAY	- 2010 S
	8 Net short-term capital gain				15 2018   S
	9 Income modifications Gross sales less returns 10a and allowances			<del></del>	DEN. UT
	b Less Cost of goods sold			L CASI	2 14. 01
	c Gross profit or (loss)		· · · · · · · · · · · · · · · · · · ·		
	11 Other income	197.	0.	<del></del>	STATEMENT 2
	12 Total. Add lines 1 through 11	1,500,203.	6.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
ú	15 Pension plans, er proper of the Legal fees				
Se	16a Legal fees				<del></del>
Expense	b Accountingues c Other professional rees 1 8 2018			<u> </u>	<del></del>
	17 Interest OCOEN III			<del></del>	<del> </del>
Str.	18 Taxes OGDEN, UT 19 Depreciation and depletion			<del> </del>	<del></del>
E	20 Occupancy			<del> </del>	<del> </del>
Administrative	21 Travel, conferences, and meetings			<del> </del>	+
and /	22 Printing and publications			<del> </del>	<del> </del>
		20.	0.		0.
atin	24 Total operating and administrative			•	
Operating	expenses. Add lines 13 through 23	20.	0.	1	0.
20	25 Contributions, gifts, grants paid	1,204,989.			1,204,989.
5	26 Total expenses and disbursements				
ი	Add lines 24 and 25	1,205,009.	0.	,	1,204,989.
	27 Subtract line 26 from line 12:	007.101			
	Excess of revenue over expenses and disbursements	295,194.		<del> </del>	<del></del>
	b Net investment income (if negative, enter -0-)		6.		
	c Adjusted net income (if negative, enter -0-)		L.,	N/A	

Part II Balance Sheets Attached schedules and amounts in the description		II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
느		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1,		12,265.	307,452.	307,452.
		Savings and temporary cash investments	6,294.	6,301.	6,301.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			
	<b> </b>	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ►			
		- Less accumulated depreciation			
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	18,559.	313,753.	3 <u>13,75</u> 3.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
=	22	Other liabilities (describe ▶ )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
ces	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
89	26	Permanently restricted			
pur		Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31.	!		
Net Assets or Fund Balanc	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	18,559.	313,753.	
Š	30	Total net assets or fund balances	18,559.	313,753.	
_	31	Total liabilities and net assets/fund balances	18,559.	313,753.	
ΓP	art	Analysis of Changes in Net Assets or Fund B	alances		
				<del></del>	
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		10 550
_	-	st agree with end-of-year figure reported on prior year's return)		11	18,559.
		r amount from Part I, line 27a		2	295,194.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	313,753.
		reases not included in line 2 (itemize)		5	0.
<u>6</u>	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	313,753.
					Form <b>990-PF</b> (2016)

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(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.)				l P	low acc - Purch - Dona	iase I '7	Date acq mo., day,		(d) Date sold (mo., day, yr.)
1a `									
b NO	NE	<u> </u>		<u> </u>					
<u>C</u>				_					<del></del>
d e				-					
	(f) Depreciation allowed	(a) Cos	st or other basis	<del></del>			(h) Gain	or (loss)	<del></del>
(e) Gross sales price	(or allowable)		xpense of sale	ļ		(	e) plus (f)		
a									
b									
<u> </u>									
Complete and to constant	(1)	[	10/01/00	{					
Complete only for assets shown	<del></del>	<del></del>		_			ains (Col. ( ), but not l		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any	Í		L	osses (fro	m col. (I	1))
		+	W///						<del></del>
)						<del></del>			
:									
1									
)									
-	∫ If gain, also €	enter in Part I, line	7	1					
Capital gain net income or (net ca	apital loss) 👤 If (loss), ente	er -0- in Part I, line	7	刀	2				
Net short-term capital gain or (lo		5) and (6):		٦١					
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8				<u> </u>	2				
Part V Qualification U	Inder Section 4940(e)	for Reduced	Tax on Net	Inv	estm	ent Inco	me		<del></del>
as the foundation liable for the sec Yes," the foundation does not qua Enter the appropriate amount in	lify under section 4940(e). Do no	ot complete this pa	irt.						Yes X
(a)	(b)	The mode determine Bo	<del></del>	(c)	)			Dietrih	(d) oution ratio
Base periód years Calendar year (or tax year beginn			Net value of no	ncha			(co	ıl. (b) div	ided by col (c))
2015		815,658.				3,651.			59.7507
2014		117,065.			$\frac{1}{4}$	0,266.			11.4031
2013		102,239. 89,120.				7,603. 2,482.			5.8080 7.1398
2012 2011		74,150.				7,956.			9.3200
		/=/100+	<u> </u>			. , , , , , , , ,	T		2
Total of line 1, column (d)							2		93.4218
Average distribution ratio for the	5-year base period - divide the to	otal on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existe							3		18.6843
Enter the net value of noncharita	ble-use assets for 2016 from Pai	rt X, line 5					4		287,16
Made to be 45 1 2									E 26E E1
Multiply line 4 by line 3							5		5,365,51
Enter 1% of net investment inco	me (1% of Part L line 27h)						6		
Entail 170 Of flot invosationt inco	110 (170 OF 1 tark 1, 11110 27 b)						<del>                                     </del>		
Add lines 5 and 6							7		5,365,51
					,				
Enter qualifying distributions fro	m Part XII, line 4						8		1,204,98
If line 8 is equal to or greater tha	n line 7, check the box in Part VI	, line 1b, and com	plete that part usir	ng a 1	% tax ı	ate.			
See the Part VI instructions.	<del></del>								Form 990-DE (

		_		
Form 990-PF (2016) THE UNAKA FOUNDATION, INC. 62-1530			ige 4	
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	cuon	<u> </u>	
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter N/A on line 1.				
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			0	
b Dòmestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_		0.	
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			0.	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<del>-</del>		0.	
3 Add lines 1 and 2  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.	
- Cubino / (modifie) and (usinostic social) to //(u)(t) a use and analytic foundation only.	-		0.	
Tax based on involunting the internal and in			<u>··</u>	
6 Credits/Payments: a 2016 estimated tax payments and 2015 overpayment credited to 2016  16.				
b Exempt foreign organizations - tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld			.6.	
7 Total credits and payments. Add lines 6a through 6d			<u> </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			<u> </u>	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.	
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax   16 Refunded  11			<u>··</u>	
Part VII-A Statements Regarding Activities	1 1	Yes	No	
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1a	.03	X	
any political campaign?	1b		X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	"			
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
distributed by the foundation in connection with the activities	1 <sub>c</sub>	-	Х	
c Did the foundation file Form 1120-POL for this year?				
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ 0 • (2) On foundation managers ▶ \$ 0 •		,		
(1) On the foundation. ► \$ (2) On foundation managers ► \$ U • e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
<u> </u>		l		
managers ► \$ U •  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х	
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 instrument, articles of incorporation, or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
If "Yes," attach the statement required by General Instruction T.	+			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
remain in the governing instrument?	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. (c), and Part XV	7	Х		
Too, complete that the local φο, coo in accordant and all ing the year. In 100, complete that in, con γο, complete that is	<u> </u>			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	1			
TN		l		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	1			
of each state as required by General Instruction G? If "No," attach explanation	8b	х		
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				7
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Х	L
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X	
	orm <b>99</b>	0-PF	(2016)	

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Pa	art VII-A Statements Regarding Activities (continued)			
	* 1		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	ئـــــا	1	
14	The books are in care of ► JOHN M. OWENS  Telephone no. ► 423 – 63	9-1	171	
	Located at ▶ 1500 INDUSTRIAL ROAD, GREENEVILLE, TN ZIP+4 ▶37			41
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			_
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)=(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	1		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)).			}
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		ļ	
	before 2016?  Yes X No		1	ļ
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	1		
U	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)  N/A	1 26		
	statement - see instructions.)  If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b		$\vdash$
·	in the provisions of section 4342(a)(2) are being applied to any of the years listed in 2a, list the years here.			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
00	during the year?  Wes X No		1	1
h	of "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2016.)  N/A	3b		
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del>                                     </del>	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>	<del>                                     </del>	
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	1	x
			0-PF	(2016)

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Form 990-PF (2016) THE UNAKA FOUNDATION, INC			<u>62-15300</u>	53 <u>Page 6</u>
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	sequirea (contin	ued)	
<ul> <li>5a During the year did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>(2) Influence the outcome of any specific public election (see section 4955); or</li> </ul>	, ,,		es X No	
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes?	,	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instructions relying on a current notice regarding disaster assistance check here.	ctions)?	n Regulations	N/A ▶□	5b
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945	om the tax because it maintai N	ned I/A 🔲 Ye	es No	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p a personal benefit contract?		Ye	es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a polif "Yes" to 6b, file Form 8870.				6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attributed in the state of the sta		nogoro Highl		7b
Paid Employees, and Contractors	ses, roundation Ma	mayers, mym	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.	•		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		0.	0.	0.
SEE STATEMENT 4		0.	0.	<u> </u>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	<del>!</del>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			<b>▶</b>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	vice (c) Compensati
` NONE	
<del></del>	
<del></del>	
Total number of others receiving over \$50,000 for professional services	
Part IX-A   Summary of Direct Charitable Activities	·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
N/A	
2	<del></del>
3	<del></del>
'	<del> </del>
<b>I</b>	
Part IX-B   Summary of Program-Related Investments	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	<del></del> -
2	— <del></del>
· — — — — — — — — — — — — — — — — — — —	
	<del></del>
All other program-related investments. See instructions.	
3	
Total Add lines 1 through 3	

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b		1b	291,539.
	Fair market value of all other assets	1c	
ď		1d	291,539.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	291,539.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,373.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	287,166.
6	Minimum investment return. Enter 5% of line 5	6	14,358.
P	Tart 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.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	14,358.
2a	Tax on investment income for 2016 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2016 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,358.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,358.
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	14,358.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1 204 000
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,204,989.
- b		1b	U •
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:		
a	7	3a	
	Cash distribution test (attach the required schedule)	3b	1 204 000
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,204,989.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 _ 1	^
_	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,204,989.
	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	the section

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d</b> ) 2016
1 Distributable amount for 2016 from Part XI,				
line 7	1			14,358.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:		_		
· · · · · · · · · · · · · · · · · ·		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 73,752.				
bFrom 2012 88,496. cFrom 2013 101,359.				
<del></del>				
dFrom 2014 116,552. eFrom 2015 814,975.				
<del></del>	1,195,134.			
f Total of lines 3a through e  4 Qualifying distributions for 2016 from	1,193,134,			
Part XII, line 4: ▶\$ 1,204,989.				
a Applied to 2015, but not more than line 2a			o.)	
<b>b</b> Applied to undistributed income of prior	<del></del> <del>_</del> -	· · · · · · · · · · · · · · · · · · ·		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				14,358.
e Remaining amount distributed out of corpus	1,190,631.	<del></del>		<del></del>
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below;	2 205 765			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,385,765.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b 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		0.		
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line	<del></del>	<del></del>		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	73,752.		<u></u>	
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	2,312,013.			
10 Analysis of line 9:	į			
a Excess from 2012 88,496.				
b Excess from 2013 101,359.				
c Excess from 2014 116,552.				
d Excess from 2015 814,975.			4	
e Excess from 2016 1,190,631.			L	5 000 DE (0040)

623581 11-23-16

nter gross amounts unless otherwise indicated.	Unrelated t	Unrelated business income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
! Membership dues and assessments	_ 1				
Interest on savings and temporary cash					
investments			14	6.	
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			1 1		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a FEE REFUND	_				197
b		-			
C					
d					
e					
Subtotal. Add columns (b), (d), and (e)	<u> </u>	(	0.	6.	197
3 Total Add line 12, columns (b), (d), and (e)				13	203
See worksheet in line 13 instructions to verify calculations.	)	<del></del>			
Part XVI-B Relationship of Activities	s to the Accon	nplishment of	Exempt	Purposes	
ine No. Explain below how each activity for which in	•			ed importantly to the accom	plishment of
the foundation's exempt purposes (other th	an by providing fund	s for such purposes)			
1					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	000 DE

Form 990	-PF (2016) THE U	NAKA FOUN	DATION,	INC.		62-19	530053	Page 13
Part >		egarding Trans	sfers To ar	nd Transactions a	nd Relations	hips With Nonc	haritable	
	Exempt Organ	izations						
	the organization directly or indi					ion 501(c) of		Yes No
	Code (other than section 501(c				izations?			
	isfers from the reporting found	ation to a noncharitat	ble exempt orga	inization of:				,,
	Cash						1a(1)	X X
(2)	Other assets						1a(2)	X
	er transactions:							\ <b>.</b>
	Sales of assets to a noncharita	• •				•	1b(1)	X
	Purchases of assets from a no		rganization				1b(2)	X
	Rental of facilities, equipment,						1b(3)	$\frac{\Lambda}{X}$
	Reimbursement arrangements	I					1b(4)	$\frac{\Lambda}{X}$
	Loans or loan guarantees			_			1b(5)	$\frac{x}{x}$
	Performance of services or me	·	•				1b(6)	$\frac{x}{x}$
	ring of facilities, equipment, ma				uova abass the foir i	market value of the god	للبنا	
	e answer to any of the above is ervices given by the reporting f		_					īio,
	imn (d) the value of the goods,			J 1655 tilali lali illalket valu	e iii aiiy u aiisacuoi	i or snaring arrangeme	ing 3110W III	
(a)Line no	the state of the s			exempt organization	(d) Descriptio	n of transfers, transactions	and sharing arra	angements
(-,	(5)	(0) (1,11110-0)	N/A		(-,			
		1						
	<u> </u>	1				······		
	<del> </del>	<del>                                     </del>						
		<del> </del>						
	,							
		1						
	<u> </u>	<u> </u>		····				
	ne foundation directly or indirec	•	•	, =	zations described			(TET
	ection 501(c) of the Code (othe		)(3)) or in section	on 527?			Yes	X No
b_lf "\	es," complete the following sch			(1) T	1	(a) Danasakan of sala	hanahin	
	(a) Name of or	ganization		(b) Type of organization		(c) Description of rela	tionstrip	···
	N/A	<del> </del>	- 1					
	<del></del>	* -			<del> </del>	<del></del>		
	Under penalties of perjury, I declare	e that I have examined th	is return, including	accompanying schedules and	I statements, and to th	e best of my knowledge		
Sign	and belief, it is true, correct, and et	mplete Declaration of pr	reparer (other than	taxpayer) is based on all inform	mation of which prepar	er has any knowledge	May the IRS o	e oreparer
Here	toto	<del>/                                    </del>		15/9/18	TREAS	URER	shown below	Ĺ
	Signature of officer or truste			Date	Title			
	Privit/Type preparer's r	ian <del>ne</del>	Preparer's sig		Date	Check if F	PTIN	
	1 /	V. YOUNG,	I Kala	buther co	r/ 1.	self- employed		
Paid	CPA	- •	1 / Willey	2 m Jungicon	5/1/18		P00745	
Prepa	arer Firm's name ▶ PUC	H & COMPA	MY, PG	Ċ.		Firm's EIN ► 62	-11421	55
Hoc 4	Anty I					1		

Phone no. (865)769-0660 Form **990-PF** (2016)

Firm's address ► 315 N. CEDAR BLUFF RD.; SUITE 200 KNOXVILLE, TN 37923

# 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.lrs.gov/form990.

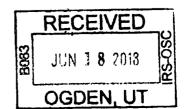
OMB No 1545-0047

2016

Employer identification number

Т	HE UNAKA FOUNDATION, INC.	62-1530053		
Organization type (check of				
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			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.		
General Rule				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor			
Special Rules				
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	, or 16b, and that received from		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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) (2016)



Name of organization

Employer identification number

THE U	NAKA FOUNDATION, INC.		62-1530053
Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space 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	\$1,500,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

art II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>s</b>	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(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
$ \top$			

lame of organ	zation		Employer identification number	
HE UNA	KA FOUNDATION, INC.		62-1530053	
Part III	Exclusively religious, charitable, etc., contrit the year from any one contributor. Complete co	outions to organizations described i	n section 501(c)(7), (8), or (10) that total more than \$1,000 for	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or is	ess for the year (Enterthis info once) > \$	
(a) No. from	Use duplicate copies of Part III if additional	space is needed.		
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift Is held	
-				
-				
-		<del></del>		
		(e) Transfer of gift		
<u> </u>	Transferee's name, address, and	I 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	
_				
		(e) Transfer of gift		
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee	
	Transferee's name, address, and ZIP + 4		Helationship 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, and	1 ZIP + 4	Relationship of transferor to transferee	
_				
-				
a) No. from		<del></del>		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		<del></del>		
-				
		(e) Transfer of gift		
	<b>.</b>			
$\vdash$	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee	
_				
_				
			Schedule B (Form 990, 990-EZ, or 990-PF) (2)	

# **Qualifying Gifts** Matching Charitable Gifts Program

THE UNAKA FOUNDATION, INC

ATTACHMENT TO 990-PDF

EIN 62-1530053

PAGE 10, PART XV, #2(D)

# match personal gifts of eligible contributors to those organizations employees and others Under this program, Unaka Company will The purpose of the program is to increase Unaka Company's chantable contributions and to stimulate individual gifts from

Purpose of the Program

# Eligible Contributors

that meet the requirements of eligibility set forth below

All regular salaried and hourly paid employees who have been employed one year or longer, retirees, and directors of Unaka Company and its subsidiaries are eligible to participate in this Matching Charitable Gifts Program

# Eligible Organizations

Private or public schools, colleges, universities, and graduate which has been qualified to receive gifts for the school and its 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 noteducational program

•

- Organizations that are involved in public service on a broad American Red Cross, American Heart Association, United scale. Examples include the American Cancer Society,
- The organization must qualify as a charitable organization under section 501(c) of the Internal Revenue Code

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

- to an aggregate of \$500 00 after one year of employment and Unaka Company will match each eligible contributor's gift up up to \$5000 00 after two years of employment
- secunties will be determined by the company as of the last the contributor and be in cash or securities. The value of The contribution must come from the personal funds of sale or published bid price on the date of the gift
- for dollar for organizations in Greene County, TN, Sullivan County, TN, Marion County, SC, and Marlboro County, SC For organizations outside these four counties, the company Unaka's Matching Charitable Gifts Program will match dollar will match \$ 50 for each \$1 00
- The employee cannot benefit personally from the contribution.
- 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 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 prior to the date of such amendment, suspension, or this matching of gifts However, no amendment, suspension or discontinuance

•

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

# Contribution Instructions

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

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	ks		D	ate	·
Name	A	Age	Sex	SSN	
Address			_ Tel. No. _ Marıtal S		
Parent's Name					
	Father			Dept. where p	parent works
	Mother			Dept. where p	parent works
High School Attended Scholastic Average	<del></del>			Year Gradua	ited
Scholastic Average	_ Major Subj	jects			
College or University Selected or A					
Have you made application for entr	ance to this S	chool?			<del>, , , , - , , , , , , , , , , , , , , ,</del>
Have you been accepted?				ırs enrolled	
*Applicant must maintain 12 hour Program; 6 hours for Graduate Scho	rs (1/2 grant :	for 8-12	hours) per	semester for	Undergraduate
TO BE SIGNED BY THE PARE	NT(S) OF TI	HE APPI	LICANT:		
I/We the parents of scholarship grant from the Unaka approve of the school selected to r by all rules and conditions set fort this scholarship	Scholarship eceive these f	Foundation	on in the a e agree to	mount of \$ encourage our	child to abide
Father	Date	Motl	her		Date
TO BE SIGNED BY THE APPL	ICANT:				
I hereby make application to recer the Unaka Scholarship Foundation set forth by the Administrative Con	and if approv	ed, agree	to abide by	y all the rules	
Signature of Applicant	Date				
APPROVED - ADMINISTRATI	VE COMMI	TTEE	]	DATE	
Chairmai	n	<u></u> .			
			<del></del>		

SCHOLARSHIP RECIPIENTS Fall Semester 2016

MECO

Student	Parent	Address	College/University Attending	Amount
Annie L Arrington	Rex Arrington	285 Wooded Heights Lane Greeneville, TN 377743	University of Tennessee - Knoxville	1,000.00
Rachel Brooks	Michele Brooks	208 Brooks Drive Greeneville, TN 37743-5050	Walters State Community College	1,000.00
Cheyenne Gray	Ronnie Hensley	325 Old Erwin Hwy Greeneville, TN 37745	Walters State Communtly College	1,000.00
Destin Hebner	Charles Hebner	232 Oriole Lane Telford, TN 37690	Northeast State Community College	1,000.00
Bnanna Kaltenmark	Eric Kallenmark	130 Mercer Lane Afton, TN 37616	Tusculum College	1,000.00
Christopher Rasnick	Marie Rasnick	7300 McDonald Road Mohawk, TN 37810	Walters State Communtry College	1.000 00
Kayla Renner	Johnnie Renner	265 Davy Crockett Drive Greeneville, TN 37745	East Tennessee State University	1,000.00
Brandon James Stafford	James Foster	7094 Old Asheville Hwy. Greeneville, TN 37743	Walters State Communtry College	1,000 00



JS CUNVACO				
I'mani Dorsey	Lanoria Dorsey	5904 Front Street	Horry Georgetown Technical College	1,000.00
		Mullins, SC 29574		
Dewana T Green-Smith	Tina M Crawford	3525 Quail Roost Road Mullins, SC 29574	Francis Marion University	1.000 00
Courtney R Hayes	David Lee Maxwell	529 E End Street Mullins, SC 29574	Francis Marion University	1,000 00
Ardan Isaac Humphrey	Lon Humphrey	PO Box 265 Nichols, SC 29581	San Francisco Art Institute	1,000 00
LaJaesha Hughes	Lashonda Bethea	6330 Golden Ct Mullins, SC 29574	Francis Manon University	1,000 00
Destinee Johnson	Stefanie Johnson	1390 Brunson Road Marron, SC 29571	USC - Upsate	1,000 00
Brianna Jones	Barbara Jones	1198 Salem Fork Road Bennettsville, SC 29512	Florence-Darlington Technical College	500.00
Crystal Brook Miles	Paula Huggins	716 Cherry Street Galivants Ferry, SC 29544	Ноту Georgetown Technical College	1,000.00
Deidre M. Pope	Calverina H Pope	407 Reaves Sireet Marion, SC 29571	Francis Marion University	1,000.00
Ma'Lykia D. Purdy	Veronica Purdy	6335 Golden Ct, Mullins, SC 29574	Francis Marion University	1,000 00
Juneatta Strickland	Julia Nance	1469 Rabbit Island Road Lake View, SC 29563	USC - Upsate	1,000 00

SOPAKCO - Warehousing

		Afton, TN 37616		
1,000 00	East Tennessee State University	245 Jubilee Road	Travis Weems	Matthew Weems
		Afton, TN 37616		
1,000.00	University of Tennessee - Knoxville	245 Jubilee Road	Travis Weems	Alexia Weems
		Kingsport, TN 37660		
1,000 00	East Tennessee State University	532 Alcoa Dr	Anita Powers	Colton E Powers
		Greeneville, TN 37745		
1,000.00	Belmont University	930 Bailey St	Chris Weems	Christopher McInturff

UNAKA

TOTAL \$22,500.00 (1)

SCHOLARSHIP RECIPIENTS
Spring Semester 2017

MECO

Student	Parent	Address	College/University Attending	Amount
Annie L Arrington	Rex Arrington	285 Wooded Heights Lane Greeneville, TN 377743	University of Tennessee - Knoxville	1,000 00
Rachel Brooks	Michele Brooks	208 Brooks Drive Greeneville, TN 37743-5050	Walters State Community College	1,000.00
Destin Hebner	Charles Hebner	232 Oriole Lane Telford, TN 37690	Northeast State Community College	1,000.00
Christopher Rasnick	Marie Rasnick	7300 McDonald Road Mohawk, TN 37810	Walters State Community College	1,000.00
Kayla Renner	Johnne Renner	265 Davy Crockett Drive Greeneville, TN 37745	East Tennessee State University	1,000.00



SOPAKCO - SC I'mani Dorsey         Lanoira Dorsey         5904 Front Street         Horry Georgetown Technical College         1,000.00           Dewana T. Green-Smith         Tina M Crawford         3525 Qual Roosl Road         Francis Marion University         1,000.00           Aidan Isaac Humphrey         Lori Humphrey         PO Box 265         San Francisco Arl Institute         1,000.00           LaJaesha Hughes         Lashonda Bethea         6330 Golden Ct         Francis Marion University         1,000.00           Destinee Johnson         Stefanie Johnson         1390 Brunson Road         USC - Upsate         1,000.00           Brianna M Jones         Bennettsville, SC 29517         Bennettsville, SC 29512         Incence-Darlington Technical College         1,000.00           Fytai Lynch         Ramona Lynch         1070 Highway 9 West         Northeastern Technical College         1,000.00           Deidre M Pope         Calverina H Pope         407 Reaves Street         Francis Marion University         1,000.00           Marion, SC 29574         Francis Marion University         1,000.00		<u> </u>	ו מאר ווי דמור אי, #טר		
Lanoria Dorsey 5904 Front Street Horry Georgetown Technical College Mullins, SC 29574  -Smith Tina M Crawford 3525 Quail Roost Road Francis Marion University  Mullins, SC 29581  Lashonda Bethea Road Francis Manon University  Nichols, SC 29581  Lashonda Bethea Road Road Brunson Road USC - Upsate  Mullins, SC 29574  Stefanie Johnson 1390 Brunson Road USC - Upsate  Marion, SC 29574  Ramona Lynch 1070 Highway 9 West Bruncis Marion University  Marion, SC 29571  Ramona Lynch 1070 Highway 9 West Bruncis Marion University  Marion, SC 29571  Ramona Lynch 1070 Highway 9 West Bruncis Marion University  Marion, SC 29571  Francis Marion University  Marion, SC 29571  Francis Marion University  Mullins, SC 29574  Francis Marion University  Mullins, SC 29574  Francis Marion University  Mullins, SC 29574  Francis Marion University	SOPAKCO - SC	]		]	
-Smith Tina M Crawford 3525 Quail Roost Road Francis Marion University Multins, SC 29574  phrey Lori Humphrey PO Box 265  Lashonda Bethea Ri330 Golden Ct Francis Manon University Mullins, SC 29574  Stefanie Johnson 1390 Brunson Road USC - Upsate Toknical College Bennettsville, SC 29572  Ramona Lynch 1070 Highway 9 West Bennettsville, SC 29512  Calverina H Pope 407 Reaves Street Francis Marion University Marion, SC 29571  Calverina H Pope A07 Reaves Street Francis Marion University Marion, SC 29571  Mullins, SC 29574  Francis Marion University Francis Marion University Mullins, SC 29574  Francis Marion University Francis Marion University Mullins, SC 29574	I'manı Dorsey	Lanoria Dorsey	5904 Front Street Mullins, SC 29574	Horry Georgetown Technical College	1,000.00
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Stefanie Johnson   1390 Brunson Road   USC - Upsate   Marion, SC 29571     1198 Salem Fork Road   Florence-Darlington Technical College   1     Bennettsville, SC 29512   Northeastern Technical College   1     Bennettsville, SC 29512   Rancis Marion University   Marion, SC 29571   Francis Marion University   Marion, SC 29571   Francis Manon University   Multins, SC 29574   Prancis Manon University   Prancis Manon Universit	LaJaesha Hughes	Lashonda Bethea	6330 Galden Ct Mullins, SC 29574	Francis Manon University	1,000.00
1198 Salem Fork Road Florence-Darlington Technical College Bennettsville, SC 29512 Ramona Lynch 1070 Highway 9 West Northeastern Technical College 1 Bennettsville, SC 29512 Calverina H Pope 407 Reaves Street Francis Marion University Marion, SC 29571 Veronica Purdy 6335 Golden Ct. Francis Manon University Mullins, SC 29574	Destinee Johnson	Stefanie Johnson	1390 Brunson Road Marion, SC 29571	USC - Upsate	1,000.00
Ramona Lynch 1070 Highway 9 West Northeastern Technical College 1 Bennettsville, SC 29512 Ope Calverina H Pope 407 Reaves Street Francis Marion University Marion, SC 29571 Purdy Veronica Purdy 6335 Golden Ct. Francis Manon University Mullins, SC 29574	Brianna M. Jones		1198 Salem Fork Road Bennettsville, SC 29512	Florence-Darlington Technical College	1,000.00
Calverina H Pope 407 Reaves Street Francis Marion University Marion, SC 29571 Veronica Purdy 6335 Golden Ct. Francis Manon University Mullins, SC 29574	Fytai Lynch	Ramona Lynch	1070 Highway 9 West Bennettsville, SC 29512	Northeastern Technical College	1,000.00
Veronica Purdy 6335 Golden Ct. Francis Manon University Mullins, SC 29574	Deidre M Pope	Calverina H Pope	407 Reaves Street Marion, SC 29571	Francis Marion University	1,000.00
	Ma'Lykia D. Purdy	Veronica Purdy	6335 Golden Ct. Mullins, SC 29574	Francis Marion University	1,000 00

SOLARCO - Waterloading				
Christopher McInlurff	Chris Weems	930 Bailey St Greeneville, TN 37745	Belmont University	1,000 00
Colton E. Powers	Anita Powers	532 Alcoa Dr Kıngsport, 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				
				0.00

TOTAL \$18,000.00 (2)

Unaka Foundation 06/30/2017 Scholarship Summary Scholarship Grants

Fall 2016 Grants Spring 2017 Grants	\$ \$	22,500.00 ① 18,000 00 ②
Spring 2017 Grants	\$	40,500 00
Refunded Scholarships	\$	-
Grand Total	-\$	40 500 00

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



Aug-16.
Chartitable Contributions:

Contribution Total

The Unaka Foundation, Inc. EIN: 62-1530053 Attachment to 990-PF Page 11, Part XV, #3A

Greene County History Museum	\$	300.00	
Greene County United Way	\$	5,000.00	
Marion County United Fund	\$	5,000.00	
Marlboro County United Way	\$	5,000 00	
NPAC-Annie Moses Band	\$	5,000.00	
Greene County Rescue Squad	\$	2,500.00	
Florence Symphony Orchestra	\$	3,500.00	
Rural Resources	\$	5,000.00	
Walters State Community College	\$	50,000.00	
Las Colinas Symphony 2016-17	\$	250,000.00	
Garland Symphony 2016-17	\$	150,000.00	
Symphony Arlington 2016-17	\$	150,000.00	
R&DA - Marvin Beyer Scholarship Fund	\$	750.00	
	Ś	632,050.00 ①	
	*	000,000.00	•
Matching Contributions:			
American Cancer Society	\$	91.00	MECO/Unaka employe
Greeneville Schools In Action	\$	35.00	Whitney Winter
American Cancer Society	Ś	227.00	Tamara Reaves
Holston Home for Children	Ś	50.00	Susie Phillips
Laughlin Health Care Foundation	Ś	2,000.00	Dominic jackson
National MS Society	\$	985.00	Sandra Smith

3,388.00 ②

\$ 635,438.00



# Dec-16 Contributions :

The Unaka Foundation, Inc. EIN: 62-1530053 Attachment to 990-PF Page 11, Part XV, #3A

Greene LEAF (Greene County Schools Computer Program)	\$ 12,500.00
Boy Scouts of America	\$ 1,500.00
American Cancer Society Relay4Life Sponsor	\$ 1,000.00
Rural Resources	\$ 5,000.00
Greene County Schools (Reading 420 Program)	\$ 500.00
Hope Center	\$ 2,500.00
Holston Home for Children	\$ 1,250.00
Las Colinas Symphony 2016-17	\$ 250,000.00
Garland Symphony 2016-17	\$ 100,000.00
Symphony Arlington 2016-17	\$ 150,000.00
Greeneville Exchange Club	\$ 500.00
	\$ 524,750.00 ①

# **Matching Contributions:**

American Cancer Society	\$ 2,056.00	MECO/Unaka employe
United Way	\$ 70 00	Whitney Winter
American Cancer Society	\$ 125.00	Tamara Reaves
Holston Home for Children	\$ 50.00	Susie Phillips
Laughlin Health Care Foundation	\$ 2,000.00	Dominic jackson

\$ 4,301.00 ②

**Contribution Total** 

\$ 529,051.00

Contributions:
632,050
524,750 +
324,730
1,156,800 =
֡

> Total Contributions: 1,156,800 7,689 + 1,164,489 =

FORM 990-PF INTEREST ON SAVI	NGS AND T	EMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE	RE	(A) VENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	}
ANDREW JOHNSON BANK		6.		6.		
TOTAL TO PART I, LINE 3		6.	·	6.		 
FORM 990-PF	OTHER	INCOME			STATEMENT	2
DESCRIPTION		(A) REVEN PER BO	UE	(B) NET INVEST- MENT INCOME		
FEE REFUND	-		197.	0	•	
TOTAL TO FORM 990-PF, PART I,	LINE 11		197.	0	•	
FORM 990-PF	OTHER	EXPENSE	S		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOK	NET I	B) NVEST- INCOME	(C) - ADJUSTED E NET INCOM		
BANK FEES	2	0.	(	).		0.
TO FORM 990-PF, PG 1, LN 23	2	0.	(	).		0.

FORM 990-PF PART VIII TRUSTEE	STATEMENT 4			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
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.
JOHN OWENS 1500 INDUSTRIAL ROAD GREENEVILLE, TN 37745	SECRETARY 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, F	AGE 6, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SCHOLARSHIP-DOMINICK JACKSON; GRANTS TO CHARITABLE ORGANIZATIONS-JOHN OWENS (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 ITS SUBSIDIARIES) 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.