

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2023 or tax year beginning and ending

Name of foundation: UNCLE KORY FOUNDATION
Employer identification number: 46-4485313
Telephone number: (800) 839-1754
City or town, state or province, country, and ZIP or foreign postal code: WILMINGTON, DE 19809-1377
G Check all that apply: Initial return, Final return, Address change
H Check type of organization: Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$ 761,793
J Accounting method: Cash

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Revenue (1-12) and Operating and Administrative Expenses (13-27).

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year | End of year | |
|-----------------------------|--|---|-------------------|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 80,236. | 414,255. | 414,255. |
| | 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 (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) _____* | | * 25,000. | STMT 3 |
| | | Less: allowance for doubtful accounts _____ | 25,000. | 25,000. | 25,000. |
| | 8 | Inventories for sale or use | 11,742. | | |
| | 9 | Prepaid expenses and deferred charges | | | |
| | 10a | Investments - U.S. and state government obligations (attach schedule) . . | | | |
| | b | Investments - corporate stock (attach schedule) . STMT 4 . . | 269,737. | 269,737. | 322,538. |
| | c | Investments - corporate bonds (attach schedule) | | | |
| | 11 | Investments - land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____ | | | |
| 12 | Investments - mortgage loans | | | | |
| 13 | Investments - other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____ | | | | |
| 15 | Other assets (describe _____) | | | | |
| 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 386,715. | 708,992. | 761,793. | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons . . | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe _____) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | NONE | NONE | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input type="checkbox"/> | | | | |
| | 24 | Net assets without donor restrictions | | | |
| | 25 | Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input checked="" type="checkbox"/> | | | | |
| | 26 | Capital stock, trust principal, or current funds | | | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 | Retained earnings, accumulated income, endowment, or other funds . . | 386,715. | 708,992. | |
| 29 | Total net assets or fund balances (see instructions) | 386,715. | 708,992. | | |
| 30 | Total liabilities and net assets/fund balances (see instructions) | 386,715. | 708,992. | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | |
|---|--|------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 386,715. |
| 2 | Enter amount from Part I, line 27a | 2 321,565. |
| 3 | Other increases not included in line 2 (itemize) SEE STATEMENT 5 | 3 712. |
| 4 | Add lines 1, 2, and 3 | 4 708,992. |
| 5 | Decreases not included in line 2 (itemize) _____ | 5 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 708,992. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|--|---|
| 1 a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 | Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | 2 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | { } | | 3 |

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

| | | | |
|----|---|----|------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions) | 1 | 219. |
| b | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | |
| 3 | Add lines 1 and 2 | 3 | 219. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | NONE |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 219. |
| 6 | Credits/Payments: | | |
| a | 2023 estimated tax payments and 2022 overpayment credited to 2023 | 6a | 614. |
| b | Exempt foreign organizations - tax withheld at source | 6b | NONE |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | NONE |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 614. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 395. |
| 11 | Enter the amount of line 10 to be: Credited to 2024 estimated tax 395. Refunded | 11 | |

Part VI-A Statements Regarding Activities

| | | 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 any political campaign? | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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. | 1b | | X |
| c Did the foundation file Form 1120-POL for this year? | 1c | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____ | | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____ | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | 2 | | X |
| 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? | 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> . STMT 6 | 5 | X | |
| 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 | X | |
| 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 XIV | 7 | X | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. CA, DE, | | | |
| 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) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation | 8b | X | |
| 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 year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII | 9 | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses SEE STATEMENT 7 | 10 | X | |
| 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? Website address _____ N/A | 13 | X | |
| 14 The books are in care of _____ FOUNDATION SOURCE Telephone no. 800-839-1754 Located at 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 19809-1377 | | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 | | | |
| 16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | 16 | | X |

Part VI-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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 4b, covering questions about disqualifying acts, disaster assistance, and business holdings.

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | Yes | No |
|--|-----|----|
| 5a During the year, did the foundation pay or incur any amount to: | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | | X |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | | X |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | X |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. | | X |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | | X |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions | | |
| c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | | X |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | | X |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | X |

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

| (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 8 | | NONE | NONE | NONE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

| (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 NONE

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

| 3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." | | |
|--|---------------------|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| SEE STATEMENT 10 | | 80,963. |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | NONE |

Part VIII-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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 NONE | |
| 2 | |
| 3 | |
| 4 | |

Part VIII-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 NONE | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 NONE | |
| Total. Add lines 1 through 3 | |

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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 | 302,089. |
| b | Average of monthly cash balances | 1b | 210,459. |
| c | Fair market value of all other assets (see instructions) | 1c | 25,000. |
| d | Total (add lines 1a, b, and c) | 1d | 537,548. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | NONE |
| 3 | Subtract line 2 from line 1d | 3 | 537,548. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 8,063. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 529,485. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5. | 6 | 26,474. |

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

| | | | |
|-----------|--|-----------|---------|
| 1 | Minimum investment return from Part IX, line 6. | 1 | 26,474. |
| 2a | Tax on investment income for 2023 from Part V, line 5. | 2a | 219. |
| b | Income tax for 2023. (This does not include the tax from Part V.) | 2b | |
| c | Add lines 2a and 2b. | 2c | 219. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 26,255. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 712. |
| 5 | Add lines 3 and 4 | 5 | 26,967. |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 26,967. |

Part XI Qualifying Distributions (see instructions)

| | | | |
|----------|---|-----------|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 248,713. |
| b | Program-related investments - total from Part VIII-B | 1b | NONE |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | NONE |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | NONE |
| b | Cash distribution test (attach the required schedule) | 3b | NONE |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 248,713. |

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2023 from Part X, line 7 | | | | 26,967. |
| 2 Undistributed income, if any, as of the end of 2023: | | | | |
| a Enter amount for 2022 only. | | | | |
| b Total for prior years: 20 <u>21</u> , 20 <u>20</u> , 20 <u>19</u> | | | | |
| 3 Excess distributions carryover, if any, to 2023: | | | | |
| a From 2018 494,578. | | | | |
| b From 2019 430,294. | | | | |
| c From 2020 468,012. | | | | |
| d From 2021 272,799. | | | | |
| e From 2022 901,030. | | | | |
| f Total of lines 3a through e | 2,566,713. | | | |
| 4 Qualifying distributions for 2023 from Part XI, line 4: \$ <u>248,713.</u> | | | | |
| a Applied to 2022, but not more than line 2a . . . | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions). | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2023 distributable amount. | | | | 26,967. |
| e Remaining amount distributed out of corpus. . . | 221,746. | | | |
| 5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 2,788,459. | | | |
| b Prior years' undistributed income. Subtract 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 assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | | | |
| e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instructions | | | | |
| f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024. | | | | NONE |
| 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) | | | | |
| 8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) . . . | 494,578. | | | |
| 9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a | 2,293,881. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2019 430,294. | | | | |
| b Excess from 2020 468,012. | | | | |
| c Excess from 2021 272,799. | | | | |
| d Excess from 2022 901,030. | | | | |
| e Excess from 2023 221,746. | | | | |

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: Tax year (a) 2023, (b) 2022, (c) 2021, (d) 2020, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions from Part XI), 2d (Amounts included in line 2c not used directly for active conduct of exempt activities), 2e (Qualifying distributions made directly for active conduct of exempt activities), 3 (Alternative tests: Assets, Endowment, Support).

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SEE STATEMENT 11

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|--------------------|
| <i>a Paid during the year</i> SEE STATEMENT 12 | | | | 121,190. |
| Total | | | | 3a 121,190. |
| <i>b Approved for future payment</i> | | | | |
| Total | | | | 3b |

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes. Includes the text 'NOT APPLICABLE'.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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 based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed if PTIN. Includes fields for firm name, address, EIN, and phone number.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

UNCLE KORY FOUNDATION

46-4485313

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

Form 990-PF

501(c)(3) exempt private foundation

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|--|---|
| Name of organization <p style="text-align: center;">UNCLE KORY FOUNDATION</p> | Employer identification number <p style="text-align: center;">46-4485313</p> |
|--|---|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | ANONYMOUS 55 WALLS DRIVE FAIRFIELD, CT 06824 | \$ 35,665. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | HIRSHBERG FOUNDATION FOR PANCREATIC CANC C/O HIRSHBERG FOUNDATION FOR PANCREATIC LOS ANGELES, CA 90064 | \$ 442,677. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | UCLA HEALTH, BECKY MANUSO AND JAI WINDIN 55 WALLS DRIVE FAIRFIELD, CT 06468 | \$ 8,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | WETIZMAN FAMILY 2016 TRUST C/O WETIZMAN FAMILY 2016 TRUST, 55 WALLS FAIRFIELD, CT 06824 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

UNCLE KORY FOUNDATION

Employer identification number

46-4485313

Part II **Noncash Property** (see instructions). Use duplicate copies of 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 |
|---------------------|---|---|-------------------|
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|--|---|
| Name of organization <p style="text-align: center;">UNCLE KORY FOUNDATION</p> | Employer identification number <p style="text-align: center;">46-4485313</p> |
|--|---|

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (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 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 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 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 ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

=====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | NET INVESTMENT INCOME ----- | ADJUSTED NET INCOME ----- | CHARITABLE PURPOSES ----- |
|--------------------------------|--|--------------------------------------|------------------------------------|---------------------------------|
| ADMINISTRATION OF FOUNDATION | 4,200. | | | 4,200. |
| INVESTMENT MANAGEMENT SERVICES | 1,098. | 1,098. | | |
| PHILANTHROPIC CONSULTING SRVCS | 80,963. | | | 80,963. |
| | ----- | ----- | | ----- |
| TOTALS | 86,261. | 1,098. | | 85,163. |
| | ===== | ===== | | ===== |

FORM 990PF, PART I - OTHER EXPENSES
 =====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | CHARITABLE PURPOSES ----- |
|-------------------------------|--|---------------------------------|
| ADMINISTRATIVE FEES | 15,850. | 15,850. |
| DIGITAL SUBSCRIPTIONS | 83. | 83. |
| FOUNDATION DUES & MEMBERSHIPS | 200. | 200. |
| INSURANCE PREMIUMS | 373. | 373. |
| MISCELLANEOUS | 145. | 145. |
| OFFICE SUPPLIES | 1,196. | 1,196. |
| POSTAGE/DELIVERY SERVICE | 322. | 322. |
| STATE OR LOCAL FILING FEES | 125. | 125. |
| WEBSITE HOSTING/SUPPORT | 11,731. | 11,731. |
| | ----- | ----- |
| TOTALS | 30,025. | 30,025. |
| | ===== | ===== |

FORM 990PF, PART II - OTHER NOTES AND LOANS RECEIVABLE
 =====

BORROWER:

CURTANA PHARMACEUTICALS

ORIGINAL AMOUNT: 25,000.

INTEREST RATE: 3.000000

DATE OF NOTE: 09/23/2016

REPAYMENT TERMS: PRINCIPAL & INTEREST

SECURITY PROVIDED: NONE

PURPOSE OF LOAN: INVESTMENT

DESCRIPTION AND FMV NONE

OF CONSIDERATION:

BEGINNING BALANCE DUE 25,000.

ENDING BALANCE DUE 25,000.

ENDING FAIR MARKET VALUE 25,000.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 25,000.
 =====

TOTAL ENDING BOOK - OTHER NOTES AND LOANS RECEIVABLE 25,000.
 =====

TOTAL ENDING FMV - OTHER NOTES AND LOANS RECEIVABLE 25,000.
 =====

FORM 990PF, PART II - CORPORATE STOCK

=====

| DESCRIPTION ----- | ENDING BOOK VALUE ----- | ENDING FMV ---- |
|--------------------------------|-------------------------------|-----------------------|
| ARK INNOVATION ETF | 1,167. | 524. |
| COSTCO WHOLESALE CORPORATION | 2,058. | 3,300. |
| ISHARES BARCLAYS US AGGREGATE | 79,073. | 74,537. |
| ISHARES CORE MSCI EAFE ETF | 73,903. | 80,902. |
| ISHARES CORE MSCI EMERGING MAR | 17,705. | 17,349. |
| ISHARES RUSSELL 2000 GROWTH IN | 12,533. | 14,124. |
| ISHARES TRUST RUSSELL 1000 GRO | 30,274. | 66,394. |
| ISHARES TRUST RUSSELL 1000 VAL | 36,634. | 47,592. |
| ISHARES TRUST RUSSELL 2000 VAL | 15,219. | 16,776. |
| TAIWAN SEMICONDUCTOR MFG CO LT | 1,171. | 1,040. |
| | ----- | ----- |
| TOTALS | 269,737. | 322,538. |
| | ===== | ===== |

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES
=====

| DESCRIPTION ----- | AMOUNT ----- |
|----------------------|------------------------|
| RETURNED GRANT | 712. |
| TOTAL | ----- 712. ===== |

FORM 990PF, PART VI-A - LIQUIDATION, TERMINATION, ETC. STATEMENT
=====

AS EXPLAINED BELOW, THE FOUNDATION HAS NO PLANS FOR DISSOLUTION.

THIS STATEMENT IS SUBMITTED TO REPORT THE DISTRIBUTION OF CERTAIN ASSETS DURING THE YEAR. THE DISTRIBUTIONS RESULTED IN A SUBSTANTIAL CONTRACTION OF ASSETS.

THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH TREASURY REGULATION SECTION 1.6043-3(A)(1) AND THE FORM 990-PF INSTRUCTIONS:

DURING THE TAXABLE YEAR ENDING DECEMBER 31, 2023, THE FOUNDATION MADE DISTRIBUTIONS FROM ASSETS FROM SOURCES OTHER THAN CURRENT INCOME. COLLECTIVELY, THE DISTRIBUTIONS IN EXCESS OF CURRENT INCOME TOTALED \$121,190. THIS AMOUNT REPRESENTS 25% OR MORE OF THE FOUNDATION'S NET ASSETS OF \$386,715 (AS MEASURED BY FAIR MARKET VALUE) AT THE BEGINNING OF THE FOUNDATION'S TAXABLE YEAR ENDING DECEMBER 31, 2023. ALTHOUGH THE FOUNDATION TECHNICALLY EXPERIENCED A SUBSTANTIAL CONTRACTION, IT WILL CONTINUE IN EXISTENCE AND HAS NO PLANS FOR DISSOLUTION.

THE FOUNDATION MADE DISTRIBUTIONS OF CASH TO THE GRANTEEES LISTED IN THE ATTACHMENT TO PART XIV, LINE 3A; EACH SUCH GRANT WAS MADE SOLELY FOR THE CHARITABLE PURPOSE SPECIFIED THEREIN.

UNCLE KORY FOUNDATION

46-4485313

FORM 990PF, PART VI-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS
=====

NAME AND ADDRESS

HIRSHBERG FOUNDATION FOR PANCREATIC CANC
C/O HIRSHBERG FOUNDATION FOR PANCREATIC
LOS ANGELES, CA 90064

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
AMANDA H GREGORY

ADDRESS:
FOUNDATION SOURCE 501 SILVERSIDE RD
WILMINGTON, DE 19809-1377

TITLE:
VP, DIR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
HEATH H GREGORY

ADDRESS:
FOUNDATION SOURCE 501 SILVERSIDE RD
WILMINGTON, DE 19809-1377

TITLE:
PRES, DIR, SEC, TREAS

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

TOTAL COMPENSATION: NONE

=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE

=====

990PF, PART VII-COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS
=====

NAME:

VACHON PRODUCTIONS

ADDRESS:

1107 SLEEPING CHILD RD.
HAMILTON, MT 59840

TYPE OF SERVICE:

PHILANTHROPIC

COMPENSATION 80,963.

TOTAL COMPENSATION: 80,963.
=====

FORM 990PF, PART XIV - INFORMATION REGARDING FOUNDATION MANAGERS
=====

AMANDA H GREGORY
HEATH H GREGORY

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:

BRAIN TUMOR EPIDEMIOLOGY CONSORTIUM

ADDRESS:

625 S COUNTY LINE RD

HINSDALE, IL 60521

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CHARITABLE EVENT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:

CENTRAL BRAIN TUMOR REGISTRY OF THE UNITED STATES

ADDRESS:

625 S COUNTY LINE RD

HINSDALE, IL 60521

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL & UNRESTRICTED

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

DUKE UNIVERSITY

ADDRESS:

PO BOX 90581

DURHAM, NC 27708

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MEDICAL STUDENT RESEARCH GRANT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 3,500.

RECIPIENT NAME:

OURBRAINBANK INC

ADDRESS:

5018 JEWEL ST UNIT 1835

ROCKLIN, CA 95677

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL & UNRESTRICTED

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 1,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
THE UCLA FOUNDATION
ADDRESS:
PO BOX 7145

PASADENA, CA 91109

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MEDICAL STUDENT GRANT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,000.

RECIPIENT NAME:
THE UCLA FOUNDATION
ADDRESS:
PO BOX 7145

PASADENA, CA 91109

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UCLA BRAIN CANCER RESEARCH GIFT FUND

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 26,345.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
THE UCLA FOUNDATION
ADDRESS:
PO BOX 7145

PASADENA, CA 91109
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

NEUROSURGERY BRAIN TUMOR PROGRAM RESEARCH FUND

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 26,345.

RECIPIENT NAME:
UNIVERSITY OF SOUTHERN CALIFORNIA
ADDRESS:
1150 S OLIVE ST 25TH FL

LOS ANGELES, CA 90015
RELATIONSHIP:

N/A

PURPOSE OF GRANT:

BRAIN CANCER RESEARCH

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 50,000.

TOTAL GRANTS PAID: 121,190.

=====