### Form **1023**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form1023 for instructions and the latest information.

OMB No. 1545-0047

**Note:** If exempt status is approved, this application will be open for public inspection.

Use the "?" buttons throughout this form for help in completing this application. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500.

If you cannot complete required responses within the textbox limits throughout this form, upload your additional narratives with the other required documents.

|   |   |  |   |   |  | · · · · · · · · · · · · · · · · · · ·  |   |  |  |  |
|---|---|--|---|---|--|--|---|--|--|--|
|   | room/suite) c   | d City   |   |   |  |  | •   |  |  |  |
| 305 N ELMWOOD AVE   | (   | oak Park   |   |   |  | UNITED   | STATE   | S  |  |  |
| State<br>ILLINOIS   | 1   | - '  |   | h   | oreign Provi   | n Province (or State)  |   |  | i Foreign Postal (   | Code   |
| 2 Employer Identification Number 3 Month Tax Ye 81-5153299 DECEMBER       |   |  | directo   |   |  | r, trustee, or authorized representative)  |   |  |  | officer,   |
| Contact Telephone Number<br>708-557-7562                                  |   |  |   | (option   | ial)   |  |   |  | 7 User Fee Subn<br>\$600.00  | nitted   |
| Organization's Website (if available):                                    | http://uqfound  | dation.org   | g   |   |  |  |   |  |  |  |
| List the names, titles, and mailing add                                   | dresses of your offic   | cers, direc  | tors, and/c   | or truste   | ees.   |  |   |  |  |  |
| rst Name: MICHAEL   | Last  | Name:  | MCKERNS   |   |  |  | Title:  | CHAIR  | MAN OF THE BOAF  | RD   |
| ailing Address: 305 N ELMWOOI   | O AVE   |  | (   | City:   | OAK PARK   |  |   |  |  |  |
| ate (or Province): IL   |   |  | Zip Cod   | e (or Fo  | reign Postal (   | Code):   | 603   | 302-222  | 23   |  |
| rst Name: CLAUDIA   | Last  | Name:  | SCHILLING   | GS  |  |  | Title:  | DIREC  | TOR  |  |
| ailing Address: 305 N ELMWOOD   | AVE   |  | (   | City:   | OAK PARK   |  |   |  |  |  |
| ate (or Province):  |   |  | Zip Cod   | e (or Fo  | reign Postal (   | Code):   | 603   | 302-222  | 23   |  |
| rst Name: BERTRAND  | Last  | Name:  | IOOSS   |   |  |  | Title:  | DIREC  | TOR  |  |
| ailing Address: 305 N ELMWOOD   | AVE   |  |   | City:   | OAK PARK   |  |   |  |  |  |
| rate (or Province):   |   |  | Zip Cod   | e (or Fo  | reign Postal (   | Code):   | 603   | 302-222  | 23   |  |
| rst Name: TIM   | Last  | Name:  | SULLIVAN  |   |  |  | Title:  | DIREC  | TOR  |  |
| ailing Address: 305 N ELMWOOD   | AVE   |  |   | City:   | OAK PARK   |  |   |  |  |  |
| rate (or Province):   |   |  | Zip Cod   | e (or Fo  | reign Postal (   | Code):   | 603   | 302-222  | 23   |  |
| rst Name: EVAN  | Last  | Name:  | MCKERNS   |   |  |  | Title:  | CHIEF  | EXECUTIVE OFFICE   | R  |
| ailing Address: 305 N ELMWOOD   | AVE   |  |   | City:   | OAK PARK   |  |   |  |  |  |
| rate (or Province):   |   |  | Zip Cod   | e (or Fo  | reign Postal (   | Code):   | 603   | 302-222  | 23   |  |
| Check here to add more officers, dire                                     | ectors, and/or truste   | ees.   |   |   |  |  |   |  |  |  |
| First Name: MIKE Last Name: CONNE<br>(or Foreign Postal Code): 60302-2223 |   | R Mailing  | Address:  | 305 N E   | LMWOOD AV  | /E City:   | OAK P <i>i</i>  | ARK Sta  | ate (or Province): I   | L Zip Code   |
|   | Full Name of Organization (exactly as UNCERTAINTY QUANTIFICATION FOLE Mailing Address (Number, street and 305 N ELMWOOD AVE  State ILLINOIS  Employer Identification Number  81-5153299  Contact Telephone Number 708-557-7562  Organization's Website (if available):  List the names, titles, and mailing addrest Name: MICHAEL ailing Address: 305 N ELMWOOD atte (or Province): IL  rst Name: CLAUDIA ailing Address: 305 N ELMWOOD atte (or Province): IL  rst Name: BERTRAND ailing Address: 305 N ELMWOOD atte (or Province): IL  rst Name: TIM ailing Address: 305 N ELMWOOD atte (or Province): IL  rst Name: TIM ailing Address: 305 N ELMWOOD atte (or Province): IL  rst Name: EVAN ailing Address: 305 N ELMWOOD atte (or Province): IL  rst Name: EVAN ailing Address: 305 N ELMWOOD atte (or Province): IL  Check here to add more officers, directions and some control of the state of the | Full Name of Organization (exactly as it appears in your UNCERTAINTY QUANTIFICATION FOUNDATION  Mailing Address (Number, street and room/suite) 305 N ELMWOOD AVE  State ILLINOIS  Employer Identification Number  81-5153299  DECEMBER  Contact Telephone Number 708-557-7562  Organization's Website (if available): http://uqfoun- List the names, titles, and mailing addresses of your officers Name: MICHAEL ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: CLAUDIA ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: BERTRAND ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM Last ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM Last ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM Last ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: EVAN alling Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: EVAN alling Address: 305 N ELMWOOD AVE ate (or Province): IL Tst Name: EVAN alling Address: 305 N ELMWOOD AVE ate (or Province): IL Tst Name: EVAN alling Address: 305 N ELMWOOD AVE ate (or Province): IL Tst Name: EVAN alling Address: 305 N ELMWOOD AVE ate (or Province): IL Tst Name: EVAN alling Address: 305 N ELMWOOD AVE ate (or Province): IL Tst Name: EVAN alling Address: 305 N ELMWOOD AVE ate (or Province): IL Tst Name: EVAN alling Address: 305 N ELMWOOD AVE ate (or Province): IL | Full Name of Organization (exactly as it appears in your organizing UNCERTAINTY QUANTIFICATION FOUNDATION  Mailing Address (Number, street and room/suite) 305 N ELMWOOD AVE  State ILLINOIS  Employer Identification Number 81-5153299  Contact Telephone Number 708-557-7562  Organization's Website (if available): List the names, titles, and mailing addresses of your officers, directors Name: MICHAEL ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: CLAUDIA ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: BERTRAND ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: BERTRAND ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: EVAN ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: EVAN ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: EVAN ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: EVAN ailing Address: 305 N ELMWOOD AVE ate (or Province): IL Check here to add more officers, directors, and/or trustees. First Name: MIKE Last Name: CONNELL Title: DIRECTOR Mailing | Full Name of Organization (exactly as it appears in your organizing docume UNCERTAINTY QUANTIFICATION FOUNDATION  Mailing Address (Number, street and room/suite) 305 N ELMWOOD AVE  State ILLINOIS  Employer Identification Number 81-5153299  Contact Telephone Number 708-557-7562  Organization's Website (if available): http://uqfoundation.org  List the names, titles, and mailing addresses of your officers, directors, and/orst Name: MICHAEL aliling Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: CLAUDIA ailing Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: BERTRAND aliling Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: BERTRAND aliling Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: BERTRAND aliling Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: BERTRAND aliling Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: BERTRAND aliling Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM aliling Address: 305 N ELMWOOD AVE ate (or Province): IL rst Name: TIM aliling Address: 305 N ELMWOOD AVE ate (or Province): IL | Full Name of Organization (exactly as it appears in your organizing document) UNCERTAINTY QUANTIFICATION FOUNDATION  Mailing Address (Number, street and room/suite) 305 N ELMWOOD AVE  State ILLINOIS  Employer Identification Number  81-5153299  DECEMBER  Contact Telephone Number 708-557-7562  Organization's Website (if available): http://uqfoundation.org  List the names, titles, and mailing addresses of your officers, directors, and/or trusterst Name: MICHAEL  Last Name: MCKERNS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Tip Code (or Forst Name: BERTRAND  Last Name: BERTRAND  Last Name: OOSS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: BERTRAND  Last Name: DOOSS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: TIM  Last Name: SULLIVAN  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: TIM  Last Name: SULLIVAN  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: EVAN  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: EVAN  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: EVAN  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: EVAN  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: MCKERNS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: MCKERNS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: MCKERNS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: MCKERNS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: MCKERNS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: MCKERNS  alling Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: MCKERNS  All The Address: 305 N ELMWOOD AVE ate (or Province): IL  Zip Code (or Forst Name: MCKERNS  All The Address: 305 N EL | Full Name of Organization (exactly as it appears in your organizing document) UNCERTAINTY QUANTIFICATION FOUNDATION  Mailing Address (Number, street and room/suite) 305 N ELMWOOD AVE  State ILLINOIS  Employer Identification Number 81-5153299  DECEMBER  Contact Telephone Number 708-557-7562  Organization's Website (if available): http://uqfoundation.org  List the names, titles, and mailing addresses of your officers, directors, and/or trustees.  TST Name: MICHAEL  Last Name: MCKERNS  alting Address: 305 N ELMWOOD AVE  alting Address: 30 | Full Name of Organization (exactly as it appears in your organizing document)  Mailing Address (Number, street and room/suite) 305 N ELMWOOD AVE  State IILLINOIS  Employer Identification Number 81-5153299  DECEMBER  DECEMBER  DECEMBER  DECEMBER  DECEMBER  DECEMBER  A Person to Contact director, trustee, EVAN MCKERNS  Contact Telephone Number 708-557-7562  Organization's Website (if available): http://uqfoundation.org  List the names, titles, and mailing addresses of your officers, directors, and/or trustees.  Test Name: MICHAEL  Last Name: MCKERNS  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: CLAUDIA  Last Name: SCHILLINGS  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: DOSS  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: SULLIVAN  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: MCKERNS  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: MCKERNS  alting Address: 305 N ELMWOOD AVE ate (or Province): IL  State Name: MCKERNS  alting Address: 305 N ELMWOOD AVE Ate (or Province): IL  State Name: MCKERNS  alting Address: 305 N ELMWOOD AVE Ate (or Province): IL  State Name: MCKERNS  alting Address: 305 N ELMWOOD AVE Ate (or Province): IL  State Name: MCKERNS  A Person to Contact directors, and/or trustees. | Full Name of Organization (exactly as it appears in your organizing document) UNCERTAINTY QUANTIFICATION FOUNDATION  Mailing Address (Number, street and room/suite) 305 N ELMWOOD AVE  OAK PARK  LILLINOIS  Employer Identification Number  B1-5153299  DECEMBER  DECEMBER  OAK Number (optional) 708-445-2291  Organization's Website (if available): http://uqfoundation.org  List the names, titles, and mailing addresses of your officers, directors, and/or trustees.  TST Name: MICHAEL  Last Name: MICHAEL  Last Name: SCHILLINOS  TITLE:  TI | Full Name of Organization (exactly as it appears in your organizing document) UNCERTAINTY QUANTIFICATION FOUNDATION  Mailing Address (Number, street and room/suite) 305 N ELMWOOD AVE  OAK PARK  State ILLINOIS  Employer Identification Number 81-5153299  DECEMBER  DECEMBER  OF Fax Number (optional) 708-557-7562  Organization's Website (if available): http://uqfoundation.pu List the names, titles, and mailing addresses of your officers, directors, and/or trustees.  Total Name: MICHAEL  Last Name: MCKERNS  Itile: CHAIR alting Address: 305 N ELMWOOD AVE  ate (or Province): IL  Stat Name: CLAUDIA  Last Name: SCHILLINGS  Last Name: OAK PARK  ate (or Province): IL  Stat Name: BERTRAND  Last Name: IOOS  Title: DIREC  Stat Name: BERTRAND  Last Name: SULLIVAN  Last Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  ate (or Province): IL  Sit p Code (or Foreign Postal Code): 60302-222  Total Name: BERTRAND  Last Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: DIREC  alting Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Title: CHAIR  Address: 305 N ELMWOOD AVE  Total Name: SULLIVAN  Total Chair  Title: CHAIR  Title: DIREC  Total Chair  Total C | Full Name of Organization (exactly as it appears in your organizing document)  Mailing Address (Number, street and room/suite)  Mailing Address:  State ILLINOIS  May province (or State)  May province (or State)  Mailing Address:  Mare:  Mailing Address:  Mailing Address:  Mare:  Mailing Address:  Mare:  Mailing Address:  Mailing Addres |

| ı Oı | m 1023 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION  | IIN: 81-5153299       | Page                 |  |  |  |  |
|------|--|-----------------------|----------------------|--|--|--|--|
| Pa   | Organizational Structure   |                       |                      |  |  |  |  |
| 1    | You must be a corporation, limited liability company (LLC), unincorporated association, or trust to be tax exempt.   |                       |                      |  |  |  |  |
|      | Select your type of organization.  |                       |                      |  |  |  |  |
|      | <ul><li>Corporation</li></ul>  |                       |                      |  |  |  |  |
|      | At the end of this form, you must upload a copy of your articles of incorporation (and any amendments) that shows proo appropriate state agency.   | of of filing with the |                      |  |  |  |  |
|      | C Limited Liability Company (LLC)  |                       |                      |  |  |  |  |
|      | At the end of this form, you must upload a copy of your articles of organization (and any amendments) that shows proof of filing with the appropriate state agency. Also, if you adopted an operating agreement, upload a copy, along with any amendments.   |                       |                      |  |  |  |  |
|      | <ul> <li>Unincorporated Association</li> </ul>   |                       |                      |  |  |  |  |
|      | At the end of this form, you must upload a copy of your articles of association, constitution, or other similar organizing definctudes at least two signatures. Include signed and dated copies of any amendments.   | ocument that is dat   | ed and               |  |  |  |  |
|      | ○ Trust  |                       |                      |  |  |  |  |
|      | At the end of this form, you must upload a signed and dated copy of your trust agreement. Include signed and dated copy  | oies of any amendm    | nents.               |  |  |  |  |
|      |  |                       |                      |  |  |  |  |
| 2    | Enter the date you formed. (MM/DD/YYYY) 12/22/2016   |                       |                      |  |  |  |  |
| 3    | Select your state (or U.S. territory) of incorporation or other formation. If you were formed under the laws of a foreign country, select Foreign Country.   | Delaware              |                      |  |  |  |  |
| 4    | Have you adopted bylaws? If "Yes," at the end of this form, upload a current copy showing the date of adoption. If "No," explain how you select your officers, directors, or trustees.   | Yes                   | ○ No                 |  |  |  |  |
|      |  |                       |                      |  |  |  |  |
|      |  |                       |                      |  |  |  |  |
|      |  |                       |                      |  |  |  |  |
| 5    | Are you a successor to another organization?   | ○ Yes                 | <ul><li>No</li></ul> |  |  |  |  |
|      | Answer "Yes" if you have taken or will take over the activities of another organization, you took over 25% or more of the finance of the net assets of another organization, or you were established upon the conversion of an organization for-profit to nonprofit status. If "Yes," complete Schedule G. |                       |                      |  |  |  |  |

| r   | m 1023 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION  | EIN:         | 81-5153299    | Page 3       |  |
|---|--|--------------|---------------|--------------|--|
| 2   | Required Provisions in Your Organizing Document  |              |               |              |  |
|   | rt III helps ensure that, when you submit this application, your organizing document contains the required provision der section 501(c)(3).  | ns to meet   | the organiza  | ational test |  |
|   | ou cannot check "Yes" in both Lines 1 and 2, your organizing document does not meet the organizational test. DO Nove amended your organizing document. Remember to upload your original and amended organizing documents at  |              |               | n until you  |  |
|   | Section 501(c)(3) requires that your organizing document limit your purposes to one or more exempt purposes wire charitable, religious, educational, and/or scientific purposes.   | thin section | on 501(c)(3), | such as      |  |
| The following is an example of an acceptable purpose clause: The organization is organized exclusively for charitable, religious, educational, and scient purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. |  |              |               |              |  |
|   | Does your organizing document meet this requirement?   |              | • Yes         | ○ No         |  |
| 3   | State specifically where your organizing document meets this requirement, such as a reference to a particular articular articular document (Page/Article/Paragraph):   | :le or secti | on in your or | rganizing    |  |
|   | Article III and Article IV Paragraphs (a) - (c)  |              |               |              |  |
|   | Section 501(c)(3) requires that your organizing document provide that upon dissolution, your remaining assets be (3) exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Depending on your entiare formed, this requirement may be satisfied by operation of state law. |              |               |              |  |
|   | The following is an example of an acceptable dissolution clause: Upon the dissolution of this organization, assets shall be  | e distribut  | ed for one or | more exempt  |  |

purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed

Article VII Paragraph (b)

to the federal government, or to a state or local government, for a public purpose.

Does your organizing document meet this requirement?

Yes

 $\bigcirc$  No

EIN: 81-5153299

#### Part IV Your Activities

Describe completely and in detail your past, present, and planned activities. Do not refer to or repeat the purposes in your organizing document. For each past, present, or planned activity, include information that answers the following questions:

- a. What is the activity?
- b. Who conducts the activity?
- c. Where is the activity conducted?
- d. What percentage of your total time is allocated to the activity?
- e. How is the activity funded (for example, donations, fees, etc.) and what percentage of your overall expenses is allocated to this activity?
- f. How does the activity further your exempt purposes?

| Please see PART IV NARRATIVE DESCRIPTION OF YOU ACTIVITIES in the IRS Form 1023 Attachment included with this application. |  |
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| EIN:             | 81-5153299 | Page 5   |
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|                  |            |  |
|                  |            |  |
|                  |            |  |
| nitation         | ○ Yes      | ● No   |
| hip with<br>dent | Yes        | ● No   |
|                  | ○ Yes      | No     No |
|                  | • Yes      | ○ No   |
|                  |            |  |

| For        | m 1023 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION EIN:  | 81-5153299 | Page 8               |
|------------|---|------------|----------------------|
| Pa         | Your Activities (continued)   |            |                      |
| 9f         | Do you share board members or other key personnel with the recipient organization(s)? If "Yes," identify the relationships.   | ○ Yes      | ○ No                 |
| <b>9</b> g | When you make grants, loans, or other distributions to foreign organizations, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities. |            | ○ No                 |
| 9h         | Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC?  | ○ Yes      | ○ No                 |
| —<br>9i    | Will you acquire from OFAC the appropriate license and registration where necessary?  | ○ Yes      | ○ No                 |
| 10         | Do you or will you operate in a foreign country or countries? If "Yes," name each foreign country and region within each country in which you do or will operate and describe your operations in each one. If "No," continue to Line 11.  | ○ Yes      | <ul><li>No</li></ul> |
|            |   |            |                      |
| 10         | When you conduct activities in foreign countries, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities.                             | ○ Yes      | ○ No                 |
|            |   |            |                      |
|            |   |            |                      |
| 101        | b Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC?  | ○ Yes      | ○ No                 |
| 100        | : Will you acquire from OFAC the appropriate license and registration where necessary?  | ○ Yes      | ○ No                 |
|            |   |            |                      |

| or | m 1023 (Rev. 01-2020) Name: UNCERT.  | AINTY QUANTIFICATION FOUNDATION   | EIN:  | 81-5153299    | Page 9               |  |
|----|--|---|---|---------------|----------------------|--|
| Pa | Your Activities (continued)  |   |   |               |                      |  |
| 11 | description of your program, including   | rou a sponsoring organization that maintains one or more donor advised funds? If yes, please provide a complete<br>ription of your program, including the specific advice that such donors may provide. Describe in detail the control you<br>Itain (or will maintain) over the use of the funds. |   |               |                      |  |
|    |  |   |   |               |                      |  |
|    |  |   |   |               |                      |  |
|    |  |   |   |               |                      |  |
|    |  |   |   |               |                      |  |
| 12 | Do you or will you operate a school?  If "Yes," complete Schedule B.   |   |   | ○ Yes         | <ul><li>No</li></ul> |  |
| 13 | Is your principal purpose or function to If "Yes," complete Schedule C.  | provide hospital or medical ca  | re?   | ○ Yes         | <ul><li>No</li></ul> |  |
| 14 | Do you or will you provide low-income If "Yes," complete Schedule F.   | housing?  |   | ○ Yes         | <ul><li>No</li></ul> |  |
| 15 | Do you or will you provide scholarships<br>grants for travel, study, or other similar<br>If "Yes," complete Schedule H - Section | ○ Yes   | ● No  |               |                      |  |
| 16 | Check any of the following fundraising   | activities that you will undertal   | ke (check all that apply):                                |               |                      |  |
|    | Website, mail, email, personal, and  | or phone solicitations  |   |               |                      |  |
|    | Receive donations from another or  | ganization's website  |   |               |                      |  |
|    | Bingo  |   | Other (non-bingo) gaming activities                       |               |                      |  |
|    | Other (describe)   | Please see PART IV YOUR ACT application.  | IVITIES (CONTINUED) in the IRS Form 1023 Attachment       | included with | n this               |  |
|    | We will not engage in fundraising a  | activities.   |   |               |                      |  |
| 17 | Do you or will you engage in fundraisin the names or descriptions of the organi  |   | ons? If "Yes," describe these arrangements, including ds. | ○ Yes         | <ul><li>No</li></ul> |  |
|    |  |   |   |               |                      |  |
|    |  |   |   |               |                      |  |
|    |  |   |   |               |                      |  |
|    |  |   |   |               |                      |  |
|    |  |   |   |               |                      |  |
|    |  |   |   |               |                      |  |

| or | rm 1023 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION  | EIN:            | 81-5153299     | Page 1               |
|----|---|-----------------|----------------|----------------------|
| Pa | art V Compensation and Other Financial Arrangements (continued)   |                 |                |                      |
| 1  | Does or will someone other than your own employees or volunteers manage your activities or facilities? If "Yes," describe the activities or facilities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and any business or family relationship between the organization and officers, directors, or trustees. Explain how these managers were or will be selected, how the terms of any contracts or o agreements were or will be negotiated, and how you determine you will pay no more than fair market value for services    | d your<br>other | ○ Yes          | ● No                 |
|    |   |                 |                |                      |
|    |   |                 |                |                      |
| 3  | Do you participate in any joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners? If "Yes," state your ownership percentage in each joint venture, list you investment in each joint venture, describe the tax status of other participants in each joint venture (including whether t are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over activities of each joint venture, and describe how each joint venture furthers your exempt purposes. | ur<br>they      | ○ Yes          | <ul><li>No</li></ul> |
|    |   |                 |                |                      |
|    |   |                 |                |                      |
|    |   |                 |                |                      |
| Pa | art VI Financial Data   |                 |                |                      |
|    | Select the option that best describes you to determine the years of revenues and expenses you need to provide.  |                 |                |                      |
|    | You completed less than one tax year.   |                 |                |                      |
|    | Provide a total of three years of financial information (including the current year and two future years of reasons of your future finances) in the following Statement of Revenues and Expenses.   | able ar         | nd good faith  | projections          |
|    | You completed at least one tax year but fewer than five.  |                 |                |                      |
|    | Provide a total of four years financial information (including the current year and three years of actual financial in good faith projections of your future finances) in the following Statement of Revenues and Expenses.   | nform           | ation or reaso | onable and           |
|    | O You completed five or more tax years.   |                 |                |                      |
|    | Provide financial information for your five most recent tax years (including the current year) in the following Sta Expenses.   | temen           | it of Revenue  | s and                |
|    |   |                 |                |                      |

Page **13** 

Part VI Financial Data (continued)

|    | A A  | . Sta | tement of Rev  | enu         | es and Expens               | es  |                   |      |                |      |            |
|----|--|-------|----------------|-------------|-----------------------------|-----|-------------------|------|----------------|------|------------|
|    | Type of revenue Current tax year 4 prior tax years or 2 succeeding tax years   |       |                |             |                             |     |                   |      |                |      |            |
|    | ·  |       |                | Fron<br>To: | n: 01/01/2019<br>12/31/2019 | Fro |                   | Fron |                | From | 12/22/2016 |
| 1  | Gifts, grants, and contributions received (do not include unusual grants)  | 10.   | \$20,600       |             | \$7,470                     | 10. | \$0               | 10.  | \$0            | 10.  | \$0        |
| 2  | Membership fees received   |       | \$1,600        |             | \$600                       |     | \$200             |      | \$200          |      | \$0        |
| 3  | Gross investment income  |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 4  | Net unrelated business income  |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 5  | Taxes levied for your benefit  |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 6  | Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)                       |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 7  | Any revenue not otherwise listed above or in lines 9 - 12 below (provide an itemized list below)   |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 8  | Total of lines 1 through 7   |       | \$22,200       |             | \$8,070                     |     | \$200             |      | \$200          |      | \$0        |
| 9  | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (provide an itemized list below) |       | \$113,890      |             | \$72,929                    |     | \$24,950          |      | \$0            |      | \$0        |
| 10 | Total of lines 8 and 9   |       | \$136,090      |             | \$80,999                    |     | \$25,150          |      | \$200          |      | \$0        |
| 11 | Net gain or loss on sale of capital assets (provide an itemized list below)  |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 12 | Unusual grants (provide an itemized list below)  |       | \$275,250      |             | \$24,750                    |     | \$0               |      | \$0            |      | \$0        |
| 13 | Total Revenue (add lines 10 through 12)  |       | \$411,340      |             | \$105,749                   |     | \$25,150          |      | \$200          |      | \$0        |
|    | Type of expense  | Cu    | rrent tax year |             | 4 p                         | ric | or tax years or 2 | suc  | ceeding tax ye | ars  |            |
| 14 | Fundraising expenses   |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 15 | Contributions, gifts, grants, and similar amounts paid out (provide an itemized list below)  |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 16 | Disbursements to or for the benefit of members (provide an itemized list below)  |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 17 | Compensation of officers, directors, and trustees  |       | \$44,530       |             | \$1,920                     |     | \$0               |      | \$0            |      | \$0        |
| 18 | Other salaries and wages   |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 19 | Interest expense   |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 20 | Occupancy (rent, utilities, etc.)  |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 21 | Depreciation and depletion   |       | \$0            |             | \$0                         |     | \$0               |      | \$0            |      | \$0        |
| 22 | Professional fees  |       | \$349,610      |             | \$85,051                    |     | \$19,112          |      | \$52           |      | \$0        |
| 23 | Any expense not otherwise classified, such as program services (provide an itemized list below)  |       | \$5,943        |             | \$589                       |     | \$351             |      | \$50           |      | \$532      |
| 24 | Total Expenses (add lines 14 through 23)   |       | \$400,083      |             | \$87,560                    |     | \$19,463          |      | \$102          |      | \$532      |

| <b>25</b> Item | nized | finar | ıcial | data |
|----------------|-------|-------|-------|------|
|----------------|-------|-------|-------|------|

Please see PART VI FINANCIAL DATA in the IRS Form 1023 Attachment included with this application.

18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)

\$85,595

EIN: 81-5153299

| Part VI Financial Data (continued)                              |                      |
|---|----------------------|
| B. Balance Sheet (for your most recently completed tax year)    | Year End: 12/31/2019 |
| Assets  |                      |
| 1 Cash  | \$24,989             |
| 2 Accounts receivable, net                                      | \$60,806             |
| 3 Inventories   | \$0                  |
| 4 Bonds and notes receivable (provide an itemized list below)   | \$0                  |
| 5 Corporate stocks (provide an itemized list below)             | \$0                  |
| 6 Loans receivable (provide an itemized list below)             | \$0                  |
| 7 Other investments (provide an itemized list below)            | \$0                  |
| 8 Depreciable assets (provide an itemized list below)           | \$0                  |
| 9 Land  | \$0                  |
| 10 Other assets (provide an itemized list below)                | \$0                  |
| 11 Total Assets (add lines 1 through 10)                        | \$85,795             |
| Liabilities   |                      |
| 12 Accounts payable   | \$65,810             |
| 13 Contributions, gifts, grants, etc. payable                   | \$0                  |
| 14 Mortgages and notes payable (provide an itemized list below) | \$0                  |
| 15 Other liabilities (provide an itemized list below)           | \$95                 |
| 16 Total Liabilities (add lines 12 through 15)                  | \$65,905             |
| Fund Balances or Net Assets                                     |                      |
| 17 Total fund balances or net assets                            | \$19,690             |

| 19 | Itemized | tinancia | l data |
|----|----------|----------|--------|

| Please see PART IV FINANCIAL DATA in the IRS Form 1023 Attachment included with this application.   |
|---|
| Trease see FART WEINANGIAL DATA III the IRST of III 1025 Attachment included with this application. |
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Select the foundation classification you are requesting from the list below.

# Part VII Foundation Classification

Part VII is designed to classify you as an organization that is either a private foundation or a public charity. Public charity classification is a more favorable tax status than private foundation classification. If you are a private foundation, this part will further determine whether you are a private operating foundation.

|    | •          | You are described in 509(a)(1) and 170(b)(1)(A)(vi) as an organization that receives a substantial part of its financial support the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.   | rt in   |      |
|----|------------|---|---------|------|
|    | 0          | You are described in 509(a)(2) as an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, a gross receipts from activities related to its exempt functions (subject to certain exceptions). |         |      |
|    | $\circ$    | You are described in 509(a)(1) and 170(b)(1)(A)(i) as a church or a convention or association of churches. Complete Schedu  | ule A.  |      |
|    | $\circ$    | You are described in 509(a)(1) and 170(b)(1)(A)(ii) as a school. Complete Schedule B.   |         |      |
|    | $\circ$    | You are described in 509(a)(1) and 170(b)(1)(A)(iii) as a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete Schedule C.   |         |      |
|    | $\bigcirc$ | You are described in 509(a)(1) and 170(b)(1)(A)(iv) as an organization operated for the benefit of a college or university that owned or operated by a governmental unit.   | at is   |      |
|    | $\bigcirc$ | You are described in 509(a)(1) and 170(b)(1)(A)(ix) as an agricultural research organization directly engaged in the continuactive conduct of agricultural research in conjunction with a college or university.  | ious    |      |
|    | $\bigcirc$ | You are described in 509(a)(3) as an organization supporting either one or more organizations described in 509(a)(1) or 50 (2) or a publicly supported section 501(c)(4), (5), or (6) organization. Complete Schedule D.  | )9(a)   |      |
|    | $\bigcirc$ | You are described in 509(a)(4) as an organization organized and operated exclusively for testing for public safety.   |         |      |
|    | $\bigcirc$ | You are a publicly supported organization and would like the IRS to decide your correct classification.   |         |      |
|    | $\bigcirc$ | You are a private foundation.   |         |      |
| 1a | to a       | private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply II organizations described in section 501(c)(3). Check this box to confirm that your organizing document includes these visions or you rely on state law.  |         |      |
|    |            | e specifically where your organizing document meets this requirement, such as a reference to a particular article or section nizing document (Page/Article/Paragraph) or state that you rely on state law.  | in your |      |
|    |            |   |         |      |
|    | gran       | ou or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including ts for travel, study, or other similar purposes? es," complete Schedule H - Section II.  | ○ Yes   | ○ No |
| 1c | Are y      | you a private operating foundation?   | ○ Yes   | ○ No |
|    | simil      | e a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and ar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other nizations.   |         |      |
|    |            |   |         |      |
|    |            |   |         |      |

business taxable income?

| orm  | n 1023 (        | Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION  | EIN:         | 81-5153299     | Page 1               |
|------|-----------------|--|--------------|----------------|----------------------|
| Par  | t VIII          | Effective Date   |              |                |                      |
| orga | nizatio         | a determination letter recognizing exemption of an organization described in section 501(c)(3) is effective as conficently its purposes and activities prior to the date of the determination letter have been consistent with the reled an application for recognition of exemption within 27 months from the end of the month in which it was or | equiren      | nents for exen |                      |
| 1    |                 | you submitting this application within 27 months of the end of the month in which you were legally formed?   |              | ○ Yes          | <ul><li>No</li></ul> |
| Par  | t IX            | Annual Filing Requirements   |              |                |                      |
| f yo | u fail          | to file a required information return or notice for three consecutive years, your exempt status will be autom  | atically     | revoked.       |                      |
| 1    |                 | ain organizations are not required to file annual information returns or notices (Form 990, Form 990-EZ, or Forn<br>stcard). If you are granted tax-exemption, are you claiming to be excused from filing Form 990, Form 990-EZ, o<br>N?   |              | ○ Yes          | <ul><li>No</li></ul> |
|      | If "Y∈          | es," are you claiming you are excepted from filing because you are:  |              |                |                      |
|      | $\circ$         | A church or association of churches  |              |                |                      |
|      | $\circ$         | An integrated auxiliary (such as a men's or women's organization, religious school, mission society, or religious  | ıs group     | )              |                      |
|      | 0               | A church-affiliated organization (other than a section 509(a)(3) organization) that is exclusively engaged in maintaining retirement programs and is described in Revenue Procedure 96-10, 1996-1 C.B. 577   | anaging      | funds or       |                      |
|      | $\circ$         | A school below college level affiliated with a church or operated by a religious order   |              |                |                      |
|      | 0               | A mission society (other than a section 509(a)(3) supporting organization) sponsored by, or affiliated with, on churches or church denominations, if more than half of the society's activities are conducted in, or directed at foreign countries   |              |                |                      |
|      | $\circ$         | An affiliate of a governmental unit that meets the requirements of Revenue Procedure 95-48, 1995-2 C.B. 418 section 509(a)(3) supporting organization)   | (other t     | han a          |                      |
|      | $\bigcirc$      | Other (describe)   |              |                |                      |
|      |                 |  |              |                |                      |
| Par  | t X             | Signature  |              |                |                      |
|      | l c             | declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organ  | <br>nization | and that I hav | 'e                   |
|      | $\boxtimes$ '.' |  |              |                |                      |

examined this application, and to the best of my knowledge it is true, correct, and complete.

| Evan McKerns<br>(Type name of signer) | CHIEF EXECUTIVE OFFICER             |  |
|---------------------------------------|-------------------------------------|--|
| (Type name of signer)                 | (Type title or authority of signer) |  |
|                                       | 12/30/2020                          |  |
|                                       | (Date)                              |  |

| Form 1023 (Rev. 01-2020) | Name:   | UNCERTAINTY QUANTIFICATION FOUNDATION | EIN: | 81-5153299 | Page <b>18</b> |
|--------------------------|---------|---------------------------------------|------|------------|----------------|
| Upload checklist:        |         |                                       |      |            |                |
|                          | ument ( | and any amendments)                   |      |            |                |

Organizing document (and any amendments)
 Bylaws, if adopted
 Form 2848, Power of Attorney and Declaration of Representative (if applicable)
 Form 8821, Tax Information Authorization (if applicable)
 Supplemental responses (if applicable)
 Expedited handling request (if applicable)

| 1 01 |   | IN: 81-5153299 | Page <b>19</b> |
|------|---|----------------|----------------|
|      | Schedule A. Churches  |                |                |
| 1    | Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," describe your written creed, statement of faith, or summary of beliefs. | Yes            | ○ No           |
|      |   |                |                |
| 2    | Do you have a literature of your own? If "Yes," describe your literature.   | ○ Yes          | ○ No           |
|      |   |                |                |
| 3    | Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline.  | ○ Yes          | ○ No           |
|      |   |                |                |
|      |   |                |                |
| 4    | Describe your religious hierarchy or ecclesiastical government.   |                |                |
|      |   |                |                |
| 5    | Are you part of a group of churches with similar beliefs and structures? If "Yes," explain.   | ○ Yes          | ○ No           |
|      |   |                |                |
| 6    | Do you have a form of worship? If "Yes," describe your form of worship.   | ○ Yes          | ○ No           |
|      |   |                |                |
|      |   |                |                |
| 7    | Do you have regularly scheduled religious services? If "Yes," describe the nature of the services.  | ○ Yes          | ○ No           |
|      |   |                |                |
|      |   |                |                |

7a What is the average attendance at your regularly scheduled religious services?

regularly scheduled religious services.

Do you have an established place of worship? If "Yes," describe your established place of worship or where you meet to hold

 $\bigcap \mathsf{No}$ 

| For | rm 1023 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION EIN:   | 81-5153299 | Page <b>2</b> 0 |
|-----|---|------------|-----------------|
|     | Schedule A. Churches (continued)  |            |                 |
| 9   | Do you have an established congregation or other regular membership group? If "No," continue to Line 10.  | ○ Yes      | ○ No            |
| 9a  | How many members do you have?   |            |                 |
| 9b  | Do you have a process by which an individual becomes a member? If "Yes," describe the process.  | ○ Yes      | ○ No            |
|     |   |            |                 |
| 9с  | Do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have.   | ○ Yes      | ○ No            |
|     |   |            |                 |
| 9d  | May your members be associated with another denomination or church?   | ○ Yes      | ○ No            |
| 9e  | Are all of your members part of the same family?  | ○ Yes      | ○ No            |
| 10  | Do you conduct baptisms, weddings, funerals, or other religious rites?  | ○ Yes      | ○ No            |
| 11  | Do you have a school for the religious instruction of the young?  |            | ○ No            |
| 12  | Do you have ministers or religious leaders? If "Yes," describe these roles and explain whether the ministers or religious leaders are ordained, commissioned, or licensed after a prescribed course of study. | ○ Yes      | ○ No            |
|     |   |            |                 |
| 13  | Do you have schools for the preparation of your ordained ministers or religious leaders?  | ○ Yes      | ○ No            |
| 14  | Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure.   | ○ Yes      | ○ No            |
|     |   |            |                 |
|     |   |            |                 |
| 15  | Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain.  |            | ○ No            |
|     |   |            |                 |
|     |   |            |                 |
|     |   |            |                 |
|     |   |            |                 |
|     |   |            |                 |
|     |   |            |                 |

| or | m 1023 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION EIN:   | 81-5153299 | Page <b>2</b> 1 |
|----|--|------------|-----------------|
|    | Schedule B. Schools, Colleges, and Universities  |            |                 |
| 1  | Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on?  | ○ Yes      | ○ No            |
| 2  | Is the primary function of your school the presentation of formal instruction? If "No," continue to Line 3.  |            | ○ No            |
| 2a | Select the best description(s) of your school:   |            |                 |
|    | ☐ Elementary school  |            |                 |
|    | ☐ Secondary school   |            |                 |
|    | ☐ Charter school   |            |                 |
|    | College or university  |            |                 |
|    | ☐ Technical school   |            |                 |
|    | Other school (describe)  |            |                 |
| 3  | Are you a public school because you are operated by a state or subdivision of a state or operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B. | ○ Yes      | ○ No            |
|    | complete the remainder of schedule b.  |            |                 |
| 1  | Were you formed or substantially expanded at the time of public school desegregation in the school district or county in which you are located?  | ○ Yes      | ○ No            |
| 5  | Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain.   | ○ Yes      | ○ No            |
|    |  |            |                 |
| 5  | Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain.  |            | ○ No            |
|    |  |            |                 |
|    | Information Required by Revenue Procedure 75-50 as Modified by Revenue Procedure 2019-22   |            |                 |
| 7  | Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution or your governing body?  | f Yes      | ○ No            |
|    | State where the policy is located or if adopted by resolution of your governing body.  |            |                 |
| 3  | Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? If "Yes," continue to Line 9.  | ○ Yes      | ○ No            |
| 3a | By checking this box, you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.  |            |                 |

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|--|--|--|--|--|---|---|--|---|--|
|  |  | Schedul  | e B. Schools, Col  | leges, and Univ  | ersities (continu                             | ed)   |  |   |  |
| publishing a notice<br>publicizing your po<br>your policy at all til | e of your policy in<br>plicy over broadc<br>mes on your prim   | n a newspaper of<br>ast media in a w<br>nary, publicly acc   | f general circulation<br>Fray that is reasona<br>Cessible internet h   | on that serves a<br>ably expected to   | II racial segments<br>be effective; or c      | of the commur<br>) displaying a no  | nity; b)<br>otice of   | ○ Ye  | es No  |
| By checking f  |  |  |  |  |   |   | quireme  | nts of  |  |
| to admissions, use   | of facilities or exe   | ercise of student  | t privileges, facult   |  |   |   | espect   | ○ Ye  | es No  |
|  |  |  |  |  |   |   |  |   |  |
| operational, submi   | t an estimate bas<br>egory, enter the r  | sed on the best i  | information availa   | able (such as the  | e racial composition                          | on of the comm  | unity you  | u serve).   |  |
| Racial Category  | (a) Stude  | ent Body   | (b) Fa   | culty  | (c) Administ                                  | trative Staff   |  |   |  |
|  | Current Year   | Next Year  | Current Year   | Next Year  | Current Year                                  | Next Year   |  |   |  |
|  |  |  |  |  |   |   |  |   |  |
|  |  |  |  |  |   |   |  |   |  |
| Total  |  |  |  |  |   |   | 1  |   |  |
| rather than percen   | tages for each ra  | cial category.   |  | ·  | d to enrolled stud                            | ents by racial ca   | itegories.   | . Provide   | actual numbers   |
| Racial Category  | Number   | of Loans   | Amount   | of Loans   | Number of S                                   | Scholarships  | Amo  | ount of S   | cholarships  |
|  | Current Year   | Next Year  | Current Year   | Next Year  | Current Year                                  | Next Year   |  |   | Next Year  |
|  |  |  |  |  | 1   |   |  |   |  |
|  |  |  |  |  |   |   |  |   |  |
|  |  |  |  |  |   |   |  |   |  |
|  |  |  |  |  |   |   |  |   |  |
|  | Have you made yo publishing a notice publicizing your policy at all tin noticed by visitors  By checking Revenue Production and Revenue P | Have you made your racially nondispublishing a notice of your policy ir publicizing your policy over broadcy your policy at all times on your primoticed by visitors to the homepage.  By checking this box, you agree Revenue Procedure 75-50, 19  Do or will you (or any department of to admissions, use of facilities or exerprograms? If "Yes," for any of the above operational, submit an estimate base.  For each racial category, enter the reach racial category.  Racial Category (a) Stude Current Year  Total  In the table below, enter the number rather than percentages for each racial category.  Racial Category Number | Have you made your racially nondiscriminatory pol publishing a notice of your policy in a newspaper of publicizing your policy over broadcast media in a we your policy at all times on your primary, publicly act noticed by visitors to the homepage? If "Yes," continuous department or division of your to admissions, use of facilities or exercise of student programs? If "Yes," for any of the above, explain full for each racial category, enter the number of (a) student racial category.  Racial Category  (a) Student Body  Current Year  Next Year  In the table below, enter the number and amount or rather than percentages for each racial category.  Check here if you will not provide any loans of the properties of the provided any loans of the publishing and the publi | Have you made your racially nondiscriminatory policy known to all so publishing a notice of your policy in a newspaper of general circulation publicizing your policy over broadcast media in a way that is reasonat your policy at all times on your primary, publicly accessible internet in noticed by visitors to the homepage? If "Yes," continue to Line 10.  By checking this box, you agree that you will publicize your not Revenue Procedure 75-50, 1975-2 C.B. 587, as modified by Revenue Procedure 75-50, 1975 | Schedule B. Schools, Colleges, and University | Schedule B. Schools, Colleges, and Universities (continu  Have you made your racially nondiscriminatory policy known to all segments of the general commun publishing a notice of your policy in a newspaper of general circulation that serves all racial segments publicizing your policy over broadcast media in a way that is reasonably expected to be effective: or or your policy at all times on your primary, publicly accessible internet home page in a manner reasonab noticed by visitors to the homepage? If "Yes," continue to Line 10.  By checking this box, you agree that you will publicize your nondiscriminatory policy in a way th Revenue Procedure 75-50, 1975-2 C.B. 587, as modified by Revenue Procedure 2019-22, I.R.B. 12  Do or will you (or any department or division of your organization) discriminate in any way on the bas to admissions, use of facilities or exercise of student privileges, faculty or administrative staff, or schole programs? If "Yes," for any of the above, explain fully.  Complete the table below to show the racial composition for the current academic year and projecte operational, submit an estimate based on the best information available (such as the racial composition)  For each racial category, enter the number of (a) students, (b) faculty, and (c) administrative staff. Prove each racial category.  (a) Student Body (b) Faculty (c) Administrative staff. Prove each racial category.  Current Year Next Year Current Year Next Year Current Year  Total  In the table below, enter the number and amount of loans and scholarships awarded to enrolled stud rather than percentages for each racial category.  Check here if you will not provide any loans or scholarships to students.  Racial Category Number of Loans Amount of Loans Number of S | Schedule B. Schools, Colleges, and Universities (continued)  Have you made your racially nondiscriminatory policy known to all segments of the general community you serve by publishing a notice of your policy in a newspaper of general circulation that serves all racial segments of the commupbilicizing your policy over broadcast media in a way that is reasonably expected to be effective or of, displaying an your policy at all times on your primary, publicly accessible internet home page in a manner reasonably expected to a noticed by visitors to the homepage? If "Yes," continue to Line 10.    By checking this box, you agree that you will publicize your nondiscriminatory policy in a way that meets the reflective or, or, and the procedure 75-50, 1975-2 C.B. 587, as modified by Revenue Procedure 2019-22, IR.B. 1260.    Do or will you (or any department or division of your organization) discriminate in any way on the basis of race with reto admissions, use of facilities or exercise of student privileges, faculty or administrative staff, or scholarship or loan programs? If "Yes," for any of the above, explain fully.    Complete the table below to show the racial composition for the current academic year and projected for the next acoperational, submit an estimate based on the best information available (such as the racial composition of the comme each racial category, enter the number of (a) students, (b) faculty, and (c) administrative staff. Provide actual nume each racial category.    Current Year   Next Year   Current Year   Next Year   Current Year   Next Year   Ne | Schedule B. Schools, Colleges, and Universities (continued) | Schedule B. Schools, Colleges, and Universities (continued)  Have you made your racially nondiscriminatory policy, known to all segments of the general community you serve by: a) publishing an otice of your policy in a newspaper of general circulation that serves all racial segments of the community: b) publicizing your policy our policy our policy our policy accessible internet home page in a manner reasonably expected to be enfective: or: of displaying a notice of your policy at all times on your primary, publicly accessible internet home page in a manner reasonably expected to be noticed by visitors to the homepage? If "Yes," continue to Line 10.    Such experiments of the community of the homepage? If "Yes," continue to Line 10.    Such experiments of the community of the homepage? If "Yes," continue to Line 10.    Do or will you (or any department or division of your organization) discriminate in any way on the basis of race with respect to admissions, use of facilities or exercise of student privileges, faculty or administrative staff, or scholarship or loan programs? If "Yes," for any of the above, explain fully.    Complete the table below to show the racial composition for the current academic year and projected for the next academic year. If you operational, submit an estimate based on the best information available (such as the racial composition of the community you serve).    For each racial category, enter the number of (a) students, (b) faculty, and (c) administrative staff. Provide actual numbers rather than peach racial category.    Current Year |

Total

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|--------------------------|-------|---|------|------------|--------|
|                          |       | Schedule B. Schools, Colleges, and Universities (continued) |      |            |        |

|    | Schedule B. Schools, Colleges, and Universities (continued)   |       |      |
|----|---|-------|------|
| 13 | List your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.  |       |      |
|    |   |       |      |
|    |   |       |      |
|    |   |       |      |
| 14 | Do any of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations, have an objective to maintain segregated public or private school education? If "Yes," explain. | ○ Yes | ○ No |
|    |   |       |      |
|    |   |       |      |
|    |   |       |      |
| 15 | Will you maintain records according to the nondiscrimination provisions contained in Revenue Procedure 75-50? If "No," explain.   | Yes   | ○ No |
|    |   |       |      |
|    |   |       |      |
|    |   |       |      |

Do not complete the remainder of Schedule C.

staff is selected.

Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical

○ No

Yes

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|------|--|------------|----------------|
|      | Schedule C. Hospitals and Medical Research Organizations (continued)   |            |                |
| 4    | Do or will you provide medical services to all individuals in your community who can pay for themselves or are able to pay through some form of insurance? If "No," explain.   | ○ Yes      | ○ No           |
|      |  |            |                |
|      |  |            |                |
| 5    | Do you or will you maintain a full-time emergency room? If "Yes," continue to Line 6.  |            | ○ No           |
| 5a   | Are you a specialty hospital or would emergency services be duplicative based on your region or locality?  | Yes        | ○ No           |
| 6    | Do you provide free or below cost services? If "Yes," describe your policy for determining when and to whom you provide these services and how these services promote the organization's benefit to the community.   | ○ Yes      | ○ No           |
|      |  |            |                |
|      |  |            |                |
|      |  |            |                |
|      |  |            |                |
| 7    | Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs. | ○ Yes      | ○ No           |
|      |  |            |                |
|      |  |            |                |
|      |  |            |                |
|      |  |            |                |
| 8    | Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs.                                   | e Yes      | ○ No           |
|      | Jou one community codecation programs.   |            |                |
|      |  |            |                |
|      |  |            |                |
|      |  |            |                |

| Forn | n 1023 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION   | EIN:    | 81-5153299     | Page <b>26</b> |
|------|---|---------|----------------|----------------|
|      | Schedule C. Hospitals and Medical Research Organizations (continued)  |         |                |                |
| 9    | Is your board of directors composed of a majority of individuals who are representative of the community you serve, or you operate under a parent organization whose board of directors is composed of a majority of individuals who are representative of the community you serve? If "Yes," continue to Line 10.  | or do   | ○ Yes          | ○ No           |
| 9a   | List each board member's name and business, financial, or professional relationship with the hospital. Also, identify ear representative of the community and describe how that individual is a community representative. If you operate undeboard of directors is not composed of a majority of individuals who are representative of the community you serve, prinformation for your parent's board of directors as well. | er a pa | rent organizat | ion whose      |
|      |   |         |                |                |
| 10   | Do you operate a facility which is required by a state to be licensed, registered, or similarly recognized as a hospital? If do not complete the rest of Schedule C.  | f "No," | ○ Yes          | ○ No           |
| 10a  | Do you conduct a community health needs assessment (CHNA) at least once every three years and adopt an implement strategy to meet the community health needs identified in the assessment as required by section 501(r)(3)? If "No," ex   |         | n              | ○ No           |
|      |   |         |                |                |
|      |   |         |                |                |
| 106  | Do you have a written financial assistance policy (FAD) and a written policy valeting to a management modical assessment  |         |                |                |
| מטו  | Do you have a written financial assistance policy (FAP) and a written policy relating to emergency medical care as req section 501(r)(4)? If "No," explain.   | uirea t | Oy O Yes       | ○ No           |
|      |   |         |                |                |
|      |   |         |                |                |

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|-------------|---|---|------------|----------------|
|             | Schedule C. Hospi   | itals and Medical Research Organizations (continued)  |            |                |
| <b>10</b> c |   | or other medically necessary care provided to individuals eligible for generally billed to individuals who have insurance covering such care ction 501(r)(5)? If "No," explain. |            | ○ No           |
|             |   |   |            |                |
|             |   |   |            |                |
|             |   |   |            |                |
| 10d         | <b>d</b> Do you make reasonable efforts to determine whether collection actions as required by section 501(r)(6)? If "N | an individual is FAP-eligible before engaging in extraordinary  | ○ Yes      | ○ No           |
|             |   |   |            |                |
|             |   |   |            |                |
|             |   |   |            |                |

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|-----|--|----------|------------------|----------------|
|     | Schedule D. Section 509(a)(3) Supporting Organizations   |          |                  |                |
| 1   | List the names, addresses, and EINs of the organizations you support.  |          |                  |                |
| 2   | Are all your supported organizations public charities under section 509(a)(1) or (2)? If "Yes," continue to Line 3.  |          | ○ Yes            | ○ No           |
| 2a  | Are your supported organizations tax exempt under section 501(c)(4), 501(c)(5), or 501(c)(6) and do your supported organizations meet the public support test under section 509(a)(2)? If "No," explain how each organization you support public charity under section 509(a)(1) or 509(a)(2).   | t is a   | ○ Yes            | ○ No           |
|     |  |          |                  |                |
|     |  |          |                  |                |
|     |  |          |                  |                |
| 3   | Which of the following describes your relationship with your supported organization(s)?  |          |                  |                |
|     | A majority of your governing board or officers are elected or appointed by your supported organization(s). (Type   | l supp   | oorting organi   | zation)        |
|     | Your control or management is vested in the same persons who control or manage your supported organization organization)   | (s). (Ty | /pe II supportir | ng             |
|     | One or more of your officers, directors, or trustees are elected or appointed by the officers, directors, trustees, or supported organization(s), or one or more of your officers, directors, trustees, or other important office holders, a governing body of your supported organization(s), or your officers, directors, or trustees maintain a close and cor with the officers, directors, or trustees of your supported organization(s). (Type III supporting organization) | re also  | members of t     | the            |
| 4   | Describe how your governing board and officers are selected. If you are a Type III organization, also describe how your maintain a close and continuous working relationship with the officers, directors, or trustees of your supported organization.   |          |                  | r trustees     |
|     |  |          |                  |                |
|     |  |          |                  |                |

If you selected Type I above, do not complete the rest of Schedule D.

# Schedule D. Section 509(a)(3) Supporting Organizations (continued)

|    | Schedule D. Section 304(a)(3) Supporting Organizations (continued)   |       |      |
|----|--|-------|------|
| 9  | Do the officers, directors, or trustees of your supported organization have a significant voice in your investment policies, the timing and making of grants, the selection of grant recipients, and in otherwise directing the use of your income or assets? If "Yes," explain.   | ○ Yes | ○ No |
|    |  |       |      |
|    |  |       |      |
|    |  |       |      |
| 10 | In each taxable year, do you or will you provide each of your supported organizations with (a) a written notice addressed to a principal officer of the supported organization describing the type and amount of all of the support you provided to the supported organization during the immediately preceding taxable year, (b) a copy of your most recently filed Form 990-series return or notice, and (c) a copy of your governing documents? If 'No,' explain. | ○ Yes | ○ No |
|    |  |       |      |
|    |  |       |      |
|    |  |       |      |
| 11 | Do you exercise a substantial degree of direction over the policies, programs, and activities of your supported organization(s) and appoint or elect (directly or indirectly) a majority of the officers, directors, or trustees of your supported organization(s)? If "Yes," explain.   | ○ Yes | ○ No |
|    |  |       |      |
|    |  |       |      |
|    |  |       |      |
| 12 | Do substantially all of your activities directly further the exempt purposes of one or more supported organizations to which you are responsive by performing the functions of, or carrying out the purposes of, such supported organization(s) and but for your involvement would normally be engaged in by such supported organization(s). If "Yes," explain and do not complete the rest of Schedule D.   | ○ Yes | ○ No |
|    |  |       |      |
|    |  |       |      |
|    |  |       |      |
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| Fori | m 1023 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION  | EIN:   | 81-5153299 | Page <b>31</b> |
|------|--|--------|------------|----------------|
|      | Schedule D. Section 509(a)(3) Supporting Organizations (continued)   |        |            |                |
| 13   | Do you distribute at least 85% of your annual net income or 3.5% of the aggregate fair market value of all of your non exempt-use assets (whichever is greater) to your supported organization(s)? If "No," explain. | -      | ○ Yes      | ○ No           |
|      |  |        |            |                |
|      |  |        |            |                |
| 138  | a How much do you contribute annually to each supported organization?  |        |            |                |
|      |  |        |            |                |
|      |  |        |            |                |
|      |  |        |            |                |
| 13l  | what is the total annual revenue of each supported organization?   |        |            |                |
|      |  |        |            |                |
|      |  |        |            |                |
|      |  |        |            |                |
| 130  | Do you or the supported organization(s) earmark your funds for support of a particular program or activity? If "Yes," e.   | (plain | · Yes      | ○ No           |
|      |  |        |            |                |
|      |  |        |            |                |
|      |  |        |            |                |
|      |  |        |            |                |
|      |  |        |            |                |

| For | n 102   | 23 (Rev. 01-2020) Name: UNCERTAINTY QUANTIFICATION FOUNDATION   | EIN:                | 81-5153299                      | Page <b>32</b>         |  |  |
|-----|---|---|---------------------|---------------------------------|------------------------|--|--|
|     |   | Schedule E. Effective Date  |                     |                                 |                        |  |  |
| 1   |   | you applying for reinstatement of exemption after being automatically revoked for failure to file required returns c<br>ces for three consecutive years? If "No," continue to Line 2.   | or                  | ○ Yes                           | <ul><li>No</li></ul>   |  |  |
| 1a  |   | enue Procedure 2014-11, 2014-1 C.B. 411, provides procedures for reinstating your tax-exempt status. Select the se<br>4-11 under which you want us to consider your reinstatement request.  | ection c            | of Revenue Pro                  | ocedure                |  |  |
|     | 0   | Section 4. You are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By selecting meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put i required returns or notices in the future. Do not complete the rest of Schedule E.   |                     |                                 |                        |  |  |
|     | Section 5. You are seeking retroactive reinstatement under section 5 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 5, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. |   |                     |                                 |                        |  |  |
|     |   | Describe how you exercised ordinary business care and prudence in determining and attempting to comply witl least one of the three years of revocation and the steps you have taken or will take to avoid or mitigate future fair notices. Do not complete the rest of Schedule E.  |                     |                                 |                        |  |  |
|     | 0   | Section 6. You are seeking retroactive reinstatement under section 6 of Revenue Procedure 2014-11. By selecting meet the specified requirements of section 6, that you have filed required annual returns, that your failure to file you have put in place procedures to file required returns or notices in the future.  |                     |                                 |                        |  |  |
|     |   | Describe how you exercised ordinary business care and prudence in determining and attempting to comply witl each of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures notices. Do not complete the rest of Schedule E.   |                     |                                 |                        |  |  |
|     | $\circ$   | Section 7. You are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you a not complete the rest of Schedule E.  | are fillir          | ng this applica                 | ation. Do              |  |  |
|     |   |   |                     |                                 |                        |  |  |
| 2   | (sub  | erally, if you did not file Form 1023 within 27 months of formation, the effective date of your exempt status will be omission date). Requests for an earlier effective date may be granted when there is evidence to establish you acted the grant of relief will not prejudice the interests of the government.   |                     |                                 |                        |  |  |
|     | $\bigcirc$  | Check this box if you accept the submission date as the effective date of your exempt status. Do not complete the   | ne rest (           | of Schedule E.                  |                        |  |  |
|     | •   | Check this box if you are requesting an earlier effective date than the submission date.  |                     |                                 |                        |  |  |
| 2a  |   | lain why you did not file Form 1023 within 27 months of formation, how you acted reasonably and in good faith, a<br>ctive date will not prejudice the interests of the Government.  | nd how              | <i>ı</i> granting an (          | earlier                |  |  |
|     | qual<br>the p<br>wha  | may want to include the events that led to the failure to timely file Form 1023 and to the discovery of the failure, a lified tax professional and a description of the engagement and responsibilities of the professional as well as the e professional, a comparison of (1) what your aggregate tax liability would be if you had filed this application within at your aggregate liability would be if you were exempt as of your formation date, or any other information you be relief. | xtent to<br>the 27- | o which you re<br>-month period | elied on<br>d with (2) |  |  |
|     | Ple   | ase see SCHEDULE E EFFECTIVE DATE in the supplemental responses to Form 1023 attached to this application.  |                     |                                 |                        |  |  |
|     |   |   |                     |                                 |                        |  |  |

# Schedule F. Low-Income Housing

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| ○ No |
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|     | Schedule F. Low-Income Housing (continued)   |      |            |         |
| 6   | In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe whese charges cover and how they are determined. | hat  | ○ Yes      | ○ No    |
|     |  |      |            |         |
| 7   | Do you provide social services to residents? If "Yes," describe these services.  |      |            | ○ No    |
|     |  |      |            |         |
| 8   | Do you participate in any government housing programs? If "Yes," describe these programs.  |      | ○ Yes      | ○ No    |
|     |  |      |            |         |

## Schedule G. Successors to Other Organizations

|   | Stilledule C. Subsessions to Stiller Organizations   |
|---|--|
| 1 | List the name, last address, and EIN of your predecessor organization and describe its activities.   |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | List the owners, partners, principal stockholders, officers, and governing board members of your predecessor organization. Include their names, addresses, and share/interest in the predecessor organization (if for-profit).   |
|   |  |
|   |  |
|   |  |
|   |  |
|   | Are you a successor to a for-profit organization? If "Yes," explain your relationship with the predecessor organization that resulted in your creation and explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status; continue to Line 4. |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | Explain your relationship with the other organization that resulted in your creation and why you took over the activities or assets of another organization.   |
|   |  |
|   |  |
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|   | Schedule G. Successors to Other Organizations (continued)   |       |      |
|---|---|-------|------|
| 4 | Do or will you maintain a working relationship with any of the persons listed in question 2 or with any for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the relationship.   | ○ Yes | ○ No |
| 5 | Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof and describe any restrictions that were placed on the use or sale of the assets. | ○ Yes | ○ No |
| 6 | Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed.   | ○ Yes | ○ No |
| 7 | Will you lease or rent any property or equipment to or from the predecessor organization or any persons listed in Line 2 or a for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the arrangement(s) including how the lease or rental value was determined.  | ○ Yes | ○ No |

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Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures

| Section I |               | Public charities and private foundations complete lines 1 through 8 of this section.  |
|-----------|---------------|---|
|           |               | e types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc., including the purpose, number and of grants, how the program is publicized, and if you award educational loans, the terms of the loans.                             |
|           |               |   |
|           |               |   |
|           |               |   |
|           |               |   |
| 2         | Do vou mai    | ntain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational Yes No   |
|           | grants, inclu | uding names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) rustees, or donors of funds to you? If "No," explain.  |
|           |               |   |
|           |               |   |
|           |               | e specific criteria you use to determine who is eligible for your program (for example, eligibility selection criteria could consist of high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.). |
|           |               |   |
|           |               |   |
|           |               |   |
|           |               |   |
| 4         | Describe th   | e specific criteria you use to select recipients (for example, specific selection criteria could consist of prior academic performance, financial   |
|           | need, etc.).  | e specific circular your use to select recipients (for example, specific selection circular could consist of prior accude file performance, financial   |
|           |               |   |
|           |               |   |
|           |               |   |
|           |               |   |
|           |               |   |

#### Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures (continued)

| 5 | Describe any requirement or condition you impose on recipients to obtain, maintain, or qualify for renewal of a grant (for example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.).  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| 6 | Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Explain whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated. |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| _ |   |  |  |  |  |  |  |
| 7 | How do you determine who is on the selection committee for the awards made under your program?  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| 8 | Are relatives of members of the selection committee, or of your officers, directors, or substantial contributors eligible for awards made under your program? If "Yes," what measures do you take to ensure unbiased selections?  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   | Do not complete the rest of Schedule H. If you are a private foundation, you will be directed to complete Section II of   |  |  |  |  |  |  |

Schedule H later in the application.

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Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures (continued)

| Se | Private foundations complete lines 1 through 7 of this section. Public charities do not complete this section  | ۱.              |      |
|----|--|-----------------|------|
| 1  | As a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures?   | ○ Yes           | ○ No |
|    | If "No," do not complete the rest of Schedule H.   |                 |      |
| 1a | Check the box(es) indicating under which section(s) you want your grant making procedures to be considered.  |                 |      |
|    | 4945(g)(1) - Scholarship or fellowship grant to an individual for study at an educational institution  |                 |      |
|    | 4945(g)(3) - Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particle grantee or to produce a specific product  | ular skill of t | he   |
| 2  | Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring? | ○ Yes           | ○ No |
| 3  | Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in Line 2?   | ○ Yes           | ○ No |
| 4  | Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an employee of a particular employer?  If "No," do not complete the rest of Schedule H.  | ○ Yes           | ○ No |
| 5  | Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives?  | ○ Yes           | ○ No |
| 6  | Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? If "No," continue to Line 7.  | ○ Yes           | ○ No |
| 6a | Will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39?   | ○ Yes           | ○ No |
| 7  | Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer?   | ○ Yes           | ○ No |
|    | If "No," do not complete the rest of Schedule H.   |                 |      |
| 7a | Will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39?   | ○ Yes           | ○ No |
|    | If "Yes," do not complete the rest of Schedule H.  |                 |      |

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|--------------------------|-------|---------------------------------------|------------|----------------|

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures (continued)

|            | Foundations Requesting Advance Approval of Individual Grant Procedures (continued)   |       |      |
|------------|--|-------|------|
| 7b         | Will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution; do not complete the rest of Schedule H. | ○ Yes | ○ No |
|            |  |       |      |
|            |  |       |      |
| <b>7</b> c | Will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test or the 10% test in questions 7a and 7b.                   | ○ Yes | ○ No |
|            |  |       |      |



## **Uncertainty Quantification Foundation**

A Delaware Non-profit Corporation

# IRS FORM 1023 ATTACHMENT

## **Part IV Narrative Description of Your Activities**

#### Overview

A common goal in areas of science and engineering that rely on making accurate assessments of performance and risk for complex systems is to be able to guarantee the quality of the assessments being made. Very often the knowledge of the system is incomplete or contains some form of uncertainty--there can be uncertainty in form of the governing equations, in information about the parameters, in the collected data and measurements, and in the value of the input variables and their bounds. Even in the case where the dynamics of a system is known exactly at a fine-grain level, computationally more tractable coarse-grained models of the system often have to be derived under approximation, and thus contain uncertainty. Refining a model of a system under uncertainty can be done through multiple experiments and deploying sampling methods to determine the predictive capacity of the models and solidify knowledge about the parameters and form of governing equations, however, these determinations can be computationally costly, inaccurate, and in many cases impractical. Uncertainty Quantification (UQ) provides system agnostic methodologies that can be applied to make these determinations more accurately and at a lower computational cost.

Uncertainty Quantification is a burgeoning field of science at the intersection of mathematics, statistics, engineering, and data science that has gained increasing practical importance in the natural sciences and engineering as statistical reasoning has become an essential component of modern scientific thinking. The need to make critical decisions about complex systems with limited information is common to nearly all areas of of science and industry. Often inputs or outputs in physical experiments can be unknown, hard to measure, or have errors; data may be statistical, probabilistic, or have innate randomness. Recent theories in UQ are fundamental to the development of a rigorous methodology for validation under uncertainty. Scientific decisions across many fields of science are ultimately based on the predictions of future outcomes of statistical experiments. These predictions are uncertain, and hence scientists need to quantify their uncertainty. UQ provides the scientific framework for tackling this task, and a

deep understanding of UQ can not only refine these predictions, but it can open up the prospect of a whole host of new discoveries that would not be possible without it.

Since the role of Newtonian mechanics, and its underlying calculus that considers no uncertainty, has been replaced with statistical mechanics that can be described by probability theory there has been a gradual trend in science to consider the influence of uncertainty on problems. From the late nineteenth century until the late twentieth century the leading theory in quantifying uncertainty has been probability theory, which had remained largely consistent in its formulations and interpretations since Newton and, later, Bayes (circa 1763). The expression of uncertainty using probability theory, however, has been increasingly challenged in the twentieth century, initially by Max Black in 1937 with his studies on vagueness, and developing into numerous mathematical uncertainty theories since 1965. With the increased use, speed, and capacity of modern computational modeling a new perspective on uncertainty assessment and quantification emerged (circa 2010) that formed the basis of the modern field of Uncertainty Quantification. Many people, however, remain unfamiliar with UQ, or how to apply it, and UQ requires a paradigm shift in thinking to employ successfully.

Uncertainty Quantification Foundation is an organization whose mission is: (1) to broaden the study and application of uncertainty quantification, and (2) to support the development and dissemination of advanced tools, technologies, and methodologies for UQ. We are scientists, engineers, mathematicians, data scientists, and statisticians working to push forward the field of uncertainty quantification, provide a bridge between the work of researchers and organizations that can drive innovation across the public and private sectors, and advance fundamental science that can be used to develop advanced tools and technologies to foster innovation for the broader public benefit.

#### **Scientific Research**

A central focus of Uncertainty Quantification Foundation is fundamental scientific research in the fields of uncertainty quantification and predictive science. We will employ scientists and researchers from various fields, with specialties in the mathematics, statistics, data science, and engineering, to pursue the expansion of knowledge within uncertainty quantification. These researchers will work to develop new mathematical theories underpinning UQ, discover new computational methods to approach experiments under uncertainty, and increase knowledge of fundamental principles that will explore how uncertainty quantification broadly interacts with the natural sciences and engineering. As recent examples of our research, see "Optimal Bounds on Nonlinear Partial Differential Equations in Model Certification, Validation, and Experiment Design", in: K. Kleese van Dam, et al. (Eds.), Advanced Analysis Solutions for Leading Experimental Techniques 978-981-120-444-9 (World Scientific, 2020) as well as "Is Automated Materials Design and Discovery Possible?", in: T. Lookman, et al. (Eds.), Materials Discovery and Design: By Means of Data Science and Optimal Learning 978-3-319-99465-9 (Springer, 2018). Currently, we have a research project that is in preparation for publication, "Rigorous Bounds on Penetration Depth for Models of Stopping Power," that we expect to submit for review in early 2021.

Our objective is to have all research published in the form of peer-reviewed articles or chapters in scientific journals, books, or trade publications. Any computational frameworks developed either through our research or as the primary focus of our research will be made freely available to the public under an open source software license, and will have no associated fee to download current releases or development version source code. Examples of all of our computational frameworks freely available to the public can be found on our public repository at https://github.com/uqfoundation.

A panel of experts in uncertainty quantification and predictive science, with proven academic credentials, have been assembled as the Science Advisory Committee and will provide recommendations and advice to the Uncertainty Quantification Foundation Board of Directors on research objectives and directions the corporation should pursue; the Board takes those recommendations and advice as the basis for establishing avenues of research the corporation will embark upon. Members of the Science Advisory Committee are appointed to their positions through resolution of the Board following a screening and interview process to ensure members meet a high standard of academic expertise in the field.

Research at Uncertainty Quantification Foundation is funded through our general fund, donations from individual persons, public and private grants, fees generated from our Education and Advisory programs (see below for details of these activities), and through sponsored research. We have modeled our sponsored research programs after the US Department of Energy National Labs' Collaborative Research and Work-for-Hire programs, and a central fixture of any agreement with a sponsoring entity will be a requirement that the resulting research is done in the public interest.

Due to the nature of scientific research Uncertainty Quantification Foundation believes that it is necessary to dedicate a majority of our time and resources to pursuing research objectives in order to produce credible and valuable discoveries. Our expectation is that the corporation will dedicate approximately 60% of our time and 50% of our resources to our Scientific Research Program. This aligns with our stated mission and exempt purpose as the majority of our efforts will be directed at advancing scientific knowledge in the public interest.

#### **Education**

Uncertainty Quantification Foundation provides education on uncertainty quantification and predictive science through lectures, classroom-like training courses, hands-on workshops, and panel discussions. Through these formats our trainers, who are also researchers in the field they are teaching about, can cover each topic broadly to provide a generalized understanding of the subject, focus in on specific topics for in depth study and discussion, and/or engage with participants as they work through example scenarios and problems sets to develop a practical understanding of how to apply this knowledge. Examples of courses that have been conducted are the "Mastering Machine Learning" workshop presented to the 412th Test Wing Electronic Warfare Group at Edwards Air Force Base, and the "Fundamental Concepts in Data Science" lecture series sponsored by Los Alamos National Lab Materials Science in Radiation and Dynamic Extremes department.

Educational programs have been conducted in-person either at the location of the entity that has requested the course, or at location nearby the sponsoring organization that is accessible to the public. Uncertainty Quantification Foundation is currently working to implement online/virtual courses as well as hosting publicly available video lectures on our website. Additionally, a central part of our planned UQ conferences (see Community Outreach below) will be lectures and panel discussions, by experts in the field, that will be open to conference participants as well as the public.

By offering education events, in-person and online courses, and public lectures, Uncertainty Quantification Foundation is educating the public on subjects useful to individuals and beneficial to the community, and advocating for more broad utilization of important scientific principles that can lead to further scientific and commercial innovations.

The corporation's educational programs will be funded through our general fund, direct donations from individual persons, and fees collected for educational services. We expect that

this activity will comprise approximately 25% of our time and require a commitment of 15% of our resources.

#### **Advisory Program**

Uncertainty Quantification Foundation seeks out opportunities to broaden the application of uncertainty quantification and disseminate advanced UQ tools and technologies through our Advisory Program. Through this program the corporation will provide our expertise in uncertainty quantification and predictive science on a work-for-hire basis with the objective of assisting public and private entities in implementing UQ tools and technologies within their organizations. This work can take the form of providing consulting services for the design or deployment of UQ technologies, assessments of the robustness and validity of existing systems, or expert input on the composition of technical or scientific papers. An example of this program was a partnership with Vybe Energy, an engineering firm that provides energy control systems and techno-financial optimization services based in Falls Church, VA, where Uncertainty Quantification Foundation assisted Vybe with integrating a UQ-based machine learning optimizer into their software for optimizing hybrid energy systems and batteries.

We believe that by helping public and private entities realize the utility of uncertainty quantification for solving real-world problems we can not only increase awareness of UQ as a field of study and education professionals on its application, but drive demand for more experts in the field thereby increasing the number of university students pursing the field.

Our Advisory Program is funded through donations and fees for services rendered, and we estimate that this program will require approximately 10% of the corporation's time and 15% of our resources.

#### **Community Outreach Program**

A final pillar of how we see our mission of advancing uncertainty quantification and predictive science is in fostering a connection to a broader UQ community that includes persons in the public and private spheres and that connects scientists and industry representatives. Our avenue for conducting this community outreach will be through an annual conference that coincides with the annual meeting of the corporation membership. This will create the opportunity for those studying and working the the field of uncertainty quantification and predictive science to meet, make new connections, share ideas, and build relationships. A central part of this conference will be talks and panel discussions addressing current topics in the field as well as public educational lectures. This conference will be funded through donations and other program fees, and is expected to comprise 5% of the corporation's time and resources.

The funds received through the entirety of the corporation's activities will be used exclusively for the charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code and will not be used for personal gains of any sort.

#### Other Headings

#### **Please Note:**

• Section 1.501(c)(3)-1(d)(2) of the regulations states that the term "charitable" is used in section 501(c)(3) of the Code in its generally accepted legal sense and includes the advancement of education or science.

- Section 1.501(c)(3)-1(d)(3)(i)(a) of the regulations states that the term educational, as used in IRC 501(c)(3), relates to the instruction or training of the individual for the purpose of improving or developing his capabilities or the instruction of the public on subjects useful to the individual and beneficial to the community.
- Example 2 in Section 1.501(c)(3)-1(d)(3)(ii) of the regulations, makes it clear that "An organization whose activities consist of presenting public discussion groups, forums, panels, lectures, or other similar programs," is educational.
- Section 1.501(c)(3)-1(d)(5)(iii)(a) of the regulations states that scientific research, as used in IRC 501(c)(3), will be regarded as as carried on in the public interest if the results of such research are (including any patents, copyrights, processes, or formulae resulting from from such research) are made available to the public on a nondiscriminatory basis.
- Section 1.501(c)(3)-1(d)(5)(iii)(c)(2) of the regulations states that scientific research, as used in IRC 501(c)(3), will be regarded as as carried on in the public interest if the scientific research is carried on for the purpose of obtaining scientific information, which is published in a treatise, thesis, trade publication, or in any other form that is available to the interested public.
- Section 1.501(c)(3)-1(d)(5)(v)(a) of the regulations makes it clear that the fact that any organization carries on research which is not in furtherance of an exempt purpose described in IRC 501(c)(3) "will not precluded such organization from meeting the requirements of section 501(c)(3) so long as the organization meets the organizational test and is not operated for the primary purpose of carrying on such research."
- Section 1.501(c)(3)-1(e)(1) of the regulations states that an organization may meet the requirements of section 501(c)(3) although it operates a trade or business as a substantial part of its activities, if the operation of such trade or business is in furtherance of the organization's exempt purpose or purposes and if the organization is not organized or operated for the primary purpose of carrying on an unrelated trade or business.
- Section 501(c)(3) of the Internal Revenue Code provides tax exemption for organizations organized and operated exclusively for charitable and/or educational purposes.

#### **Financial Information**

The sources of the corporation's income derive from general public donations. Additional income sources will include grants, sponsorship and fundraising. The corporation disposes its income through the decisions made by its board of directors or through the decisions of the duly elected treasurer, whose power to pay expenses is set out by the board or the corporation's bylaws in accordance to the corporation's purpose. Expenses paid by the corporation include, but are not limited to: equipment purchases and rentals, insurance premiums, internet web site fees, publications, advertising, and miscellaneous board expenses.

## Part IV Your Activities (Continued)

Question 6 and 6a. Do you or will you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation. Did you or will you make an election to have your legislative activities measured by expenditures by filing Form 5768?

We have not yet spent any volunteer time or any part of our budget to influence legislation. Our legislative activities will always be insubstantial and less than 2% of our volunteer time and expenses, if we decide to do so. Currently we have no plans or program in place to undertake such activities.

## **Fundraising Activities**

#### Question 16. Description of other fundraising activities:

#### **Mail Solicitations**

We will be sending fundraising letters to businesses and individuals at least annually to request that they donate funds to support Uncertainty Quantification Foundation.

#### **Phone Solicitation**

We will be fundraising by telephone solicitation. It involves calling prospective or existing donors and asking for support.

#### **Email Solicitation**

We will be utilizing internet solicitation methods, including but not limited to email, social media contacts and other mediums.

#### **Personal Solicitation**

We will be fundraising by approaching a broad spectrum of entities and individuals in person to share the mission of Uncertainty Quantification Foundation and seek public support.

#### **Foundation Grant Solicitations**

We will be applying for private or public foundation grants. We have no current arrangement for this method at this time.

#### **Accept Donations on Your Website**

We will accept donations on our website. This function is currently in development and will be accessible through the "donate" tab on the website of the corporation. The payments are processed by PayPal, Inc. and are directed to the corporation's bank account.

#### **Accept Donations Through Another Organization's Website**

We will accept donations through our development repository hosted on GitHub (https://github.com/uqfoundation). This function is currently in development and will be accessible through "sponsor" button on the our repository on GitHub. The payments are processed by Stripe, Inc. and are directed to the corporation's bank account.

#### Other

Lectures, Panel Discussions, and Talks. We will be accepting donations during our lectures, panel discussions, and talks as part of our public education program. (Please see the Narrative of our Activities for further information regarding this activity.)

<u>Web-related Donations.</u> We may make arrangements with commercial organizations for donations based on sales referrals. For example, some web sites (such as Amazon.com) allow nonprofit organizations to receive donations for sales which were referred from their web site. Some local businesses in our area might also make such offers to non-profit organizations. We would only consider this for items and services related to our organization's activities and topics (e.g. books on uncertainty quantification and predictive science). We currently have no specific plans or contracts, but it's prudent to mention the possibility.

## Part V Compensation and Other Financial Arrangements

Question 1g. Do or will you have any other practices you use to set reasonable compensation? If "Yes," describe these practices.

We have a number of processes established within our bylaws to ensure reasonable compensation through annual review of substantial transactions by the corporation. First, Article 5 Section 6 clearly establishes that members of the board can not be compensated for their duties as directors. Second, as detailed in Article 14 Section 6, a statement will be provided to all directors on an annual basis of any transaction (i) to which the corporation, or its parent or subsidiary, was a party, (ii) in which an "interested person" had a direct or indirect material financial interest, and (iii) which involved more than \$50,000 or was one of several transactions with the same interested person involving, in the aggregate, more than \$50,000. For these purposes an "interested party" is either a director or officer of the corporation, or any holder of more than 10% of the voting power of the corporation. The statement will include all relevant detail about the transaction or series of transactions. Third, as stated in Article 14 Sections 2-3 any voting member or director has the right to examine any of the corporation's books or records and to make copies and extracts of them. Finally, Article 7 Section 2.3 and Article 8 Section 5.1, respectively, state that any or all directors can be removed with or without cause by a majority vote of the members and any officer can be removed with or without cause by resolution of the board.

### **Part VI Financial Data**

| A. Statement of Revenue and Expenses - Itemized List of Gross Receipts (Line 9) |                 |          |          |        |        |  |  |  |  |
|---|-----------------|----------|----------|--------|--------|--|--|--|--|
| Revenue Title   | Current<br>Year | FY2019   | FY2018   | FY2017 | FY2016 |  |  |  |  |
| Fees from Educational Programs - Workshops                                      | \$0             | \$0      | \$24,950 | \$0    | \$0    |  |  |  |  |
| Fees from Educational Programs - Lectures                                       | \$0             | \$0      | \$0      | \$0    | \$0    |  |  |  |  |
| Fees from Advisory Program - Technology Design                                  | \$92,219        | \$56,138 | \$0      | \$0    | \$0    |  |  |  |  |
| Fees from Advisory Program - Technology Integration                             | \$1,590         | \$3,948  | \$0      | \$0    | \$0    |  |  |  |  |
| Fees from Advisory Program - Technical Paper Advisory                           | \$20,081        | \$12,843 | \$0      | \$0    | \$0    |  |  |  |  |

| A. Statement of Revenue and Expenses - Itemized List of Unusual Grants (Line 12)   |                 |          |   |  |  |  |  |  |
|--|-----------------|----------|---|--|--|--|--|--|
| Grant  | Current<br>Year | FY2019   | Clarification Notes   |  |  |  |  |  |
| Company A (Genetics Research<br>Company) - Scientific Research Grant for<br>Adaptive Learning and Uncertainty<br>Quantification within Molecular<br>Dynamics Simulations | \$275,250       | \$24,750 | Company A, a genetics company based in Santa Clara, CA with no prior association with Uncertainty Quantification Foundation (UQF), engaged UQF through our Advisory Program for Technology Design Services for assistance in utilizing uncertainty quantification technology in their genetics modeling software. After initial discussions regarding the objectives of the Advisory engagement and UQF's research road map, Company A elected to provide a \$300,000 grant to UQF for one year's operating expenses to accelerate the timeline of our planned research into applying adaptive learning and uncertainty quantification to molecular dynamics problems. This sort of fundamental research was outside of their scope of expertise and too high risk to justify through investment in their own resources (there was no direct commercial outcome), however, they were able to justify the grant to a public research institution to conduct the investigation. The \$300,000 grant far exceeded any funding UQF had received up to that point, or that we expected to receive in the next year(s) and would put UQF's exempt status at serious risk, however, the benefit to scientific knowledge that the research could contribute would be significant. |  |  |  |  |  |

| A. Statement of Revenue and Expenses - Itemized List of Professional Fees (Line 22) |                 |          |          |        |        |  |  |  |
|---|-----------------|----------|----------|--------|--------|--|--|--|
| Expense Title   | Current<br>Year | FY2019   | FY2018   | FY2017 | FY2016 |  |  |  |
| 60900 - Business Expenses - Other   | \$160           | \$60     | \$0      | \$0    | \$0    |  |  |  |
| 62150 - Outside Contract Services (Independent Contractors)                         | \$347,437       | \$84,410 | \$17,374 | \$0    | \$0    |  |  |  |
| 65030 - Printing and Copying Services   | \$0             | \$0      | \$1,621  | \$0    | \$0    |  |  |  |
| 65050 - Telephone, Telecommunications Services                                      | \$187           | \$0      | \$0      | \$0    | \$0    |  |  |  |
| 65060 - Web Hosting and Domain Services   | \$59            | \$58     | \$59     | \$52   | \$0    |  |  |  |
| 65111 - Bank Wire Transfer Fees   | \$383           | \$0      | \$0      | \$0    | \$0    |  |  |  |
| 66010 - Payroll Processing Services   | \$1,384         | \$523    | \$58     | \$0    | \$0    |  |  |  |

| A. Statement of Revenue and Expenses - Itemized List of Expenses not Otherwise Classified (Line 23) |              |        |        |        |        |  |  |  |
|---|--------------|--------|--------|--------|--------|--|--|--|
| Expense Title   | Current Year | FY2019 | FY2018 | FY2017 | FY2016 |  |  |  |
| 60920 - Business Registration Fees  | \$90         | \$0    | \$130  | \$0    | \$532  |  |  |  |
| 60941 - Annual Report Fees  | \$231        | \$25   | \$50   | \$50   | \$0    |  |  |  |
| 65040 - Office Supplies and Equipment   | \$1,712      | \$336  | \$171  | \$0    | \$0    |  |  |  |
| 66562 - Payroll Tax Liabilities   | \$3,910      | \$228  | \$0    | \$0    | \$0    |  |  |  |

| B. Balance Sheet - Itemized List of Other Liabilities (Line 15) |        |  |  |  |  |
|---|--------|--|--|--|--|
| Liability Title   | FY2019 |  |  |  |  |
| 24110 - Payroll Tax Liabilities                                 | \$95   |  |  |  |  |

## **Schedule E Effective Date**

Question 2a. Explain why you did not file Form 1023 within 27 months of formation, how you acted reasonably and in good faith, and how granting an earlier effective date will not prejudice the interests of the government.

You may want to include the events that lead to the failure to timely file Form 1023 and to the discovery of the failure, any reliance on the advice of a qualified tax professional and a description of the engagement and responsibilities of the professional as well as the extent to which you relied on the, a comparison of (1) what your aggregate tax liability would be if you had filed this application within the 27-month period with (2) what your aggregate liability would be if you were exempt as of your formation date, or any other information you believe will support your request for relief.

Through the course of the formation of the Uncertainty Quantification Foundation as a corporation, the leadership of the corporation failed to file Form 1023 within 27 months of formation due to misunderstandings of the filing requirements and mistakes in the process of forming the corporation. At the time of formation, in December of 2016, the founders of the corporation had developed a plan for organizing a public charity to conduct scientific research in predictive science and carry out programs for educating the public about uncertainty quantification and predictive science. The founders of the corporation, however, did not fully appreciate the impact related to application for tax exemption of initiating the formation process at the close of the calendar year and establishing a calendar year based fiscal/tax year. Additionally, at the time of formation, while a plan had been developed regarding the purpose and types of exempt activities that the corporation would engage in, it became rapidly apparent that there were many concrete steps that should have been completed prior to formation that were not done. None of the founders had a background in business or nonprofits, all involved were working to start up the corporation part time in the spare time that they had outside of their careers, and were funding the organization of the corporation entirely out-of-pocket.

As a result of the missteps that were made during the formation of the corporation, Uncertainty Quantification Foundation spent significant time during 2017 and 2018 creating the structure of the corporation. Time was allocated to drafting and approving bylaws, creating the corporation's website, and debating how the corporation would balance program offerings; from 2016 through July of 2018 the corporation generated no revenue other than membership fees from the founding members. During this time, the requirements for applying for exempt status were reviewed, and the statement in the Form 1023 instructions that "[a]ny organization that

has gross receipts in each tax year of normally not more than \$5,000" were not required to obtain recognition of exemption was mistakenly understood to mean that the corporation would have 27 months to file for exemption after it had begun to accumulate gross receipts normally in excess of \$5,000. At the time, the corporation had generated significantly less than \$5,000 in each tax year, and did not expect to exceed that amount in the near term as the structure of the organization was still being created. In the second half of 2018 Uncertainty Quantification Foundation was engaged by the US Department of Defense to conduct a machine learning workshop at Edwards Air Force Base, and further attention to the exemption application was put on hold while the corporation focused on ensuring that it was properly registered with the Federal Government and the US Department of Defense so the course could be conducted. At the conclusion of the course, we returned our attention to establishing tangible structure to the corporation and its programs, initiated efforts to recruit a Science Advisory Committee to provide advice on a research road map, and expanding the Board of Directors to five members to help manage the amount of work necessary to run the corporation. The original founders of the corporation were overwhelmed with trying to get the organization fully operational.

In early July or 2020 the corporation's Chief Executive Officer, who was now working full-time for the Uncertainty Quantification Foundation, contacted the IRS to check on the status of the corporation's 2019 tax filing and in discussion with the IRS agent discovered that the corporation had missed the 27 month filing deadline for Form 1023. At that point the CEO brought this to the attention of the Board and requested that the Board immediately shift their focus to taking the required actions to ensure that the corporation had all the necessary information to file the Form 1023. The decision was made by the Board to ensure proper attention was paid to each aspect of the application, since the deadline was already missed, with the requirement that the application for exemption be completed by the close of 2020. It was not until this process was underway that the means to which the corporation was planning on securing public support and satisfying the public support test was understood to be insufficient and a large effort was also initiated to completely reformulate the corporations entire public support model and program focus, based on a realistic understanding of what the corporation could do and where support could realistically be expected to come from.

Over the course of the four years that the Uncertainty Quantification has been in existence the corporation has not engaged in any activities that do not further its exempt purpose, nor does the corporation generate any revenue from investments or endowments. With the exception of an unusual grant (see Part VI Financial Data above) for scientific research, the corporation net income has been relatively small (less than \$15,000 in any given year, with two years of losses) and the estimated total tax liability of the corporation (including an estimate of 2020 taxes) if the Uncertainty Quantification Foundation were to file as a for-profit corporation would be approximately \$5,200. This amount is comparatively small in relation to average expected tax liabilities for small businesses, however, as we have been operating as a nonprofit this amount would provide such a burden as to further delay our ability to appropriately fund staff required to carry out our programs. Up to this point we have had to rely on independent contractors and professional services to temporarily staff up for programs and this is not sustainable for the long term success of the corporation. We are asking for a grant of relief in the form of a recognition of an effective date, if exempt status is granted, coinciding with the formation date of the corporation.