



**III. Non-Profit Organizations:** I, or a close relative as defined in the policy, serve the following non-profit organizations as a director, trustee, employee, advisor, or volunteer (please continue on additional pages, as necessary):

<u>Organization</u>	<u>Role in Organization (Member/Relative)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**IV. Other Potential Conflicts of Interest.** The following personal biases, affiliations, or relationships have the potential to represent conflicts with my responsibilities to the Foundation. I will further disclose these potential sources of conflicts when, in my opinion, they jeopardize my ability to act only in the best interest of the Foundation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. Certification:** I understand that full compliance with this policy requires that, in addition to filing this form annually: (i) I will identify conflict situations at the time of discussion, deliberation, or voting; and (ii) I will recuse myself from such discussion, deliberation, or voting.

\_\_\_\_\_

Name

Signature

\_\_\_\_\_

Date