**EXEMPT ORGANIZATION NAME**

**Director and Officer**

**Annual Conflict of Interest Statement**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Position:

Are you a voting Director? **Yes / No**

Are you an Officer? **Yes / No**

If you are an Officer, which Officer position do you hold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. I affirm the following:

I have received a copy of the **EXEMPT ORGANIZATION NAME**

Company Conflict of Interest Policy. \_\_\_\_\_\_\_\_\_ (initial) I have read and understand the policy. \_\_\_\_\_\_\_\_\_ (initial) I agree to comply with the policy. \_\_\_\_\_\_\_\_\_ (initial) I understand that Acme Theatre Company is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. \_\_\_\_\_\_\_\_\_ (initial)

4. Disclosures:

1. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with Acme Theatre Company?

**Yes / No**

i. If yes, please describe it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? **Yes / No**

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with **EXEMPT ORGANIZATION NAME**? **Yes / No**

i. If yes, please describe it, including when (approximately):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? **Yes / No**

5. Are you an independent director, as defined in the Conflict of Interest policy? **Yes / No**

a. If you are not independent, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of director

Date of Review by Executive Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_