

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

4. Disclosures:

- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with PLS&R:  Yes  No
- b. If yes, please describe it:

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

- c. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy:  Yes  No
- d. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with PLS&R:  Yes  No
- e. If yes, please describe it, including when (approximately):

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

- f. 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? \_\_\_\_\_

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

Signature of Director/Officer: \_\_\_\_\_

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

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