

MEIXNER MEMORIAL FOUNDATION
Conflict of Interest Statement for Directors and Officers and
Members of a Committee with Board Delegated Powers.
Annual Conflict of Interest Statement

1. Printed 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 Conflict of Interest Policy: _____(initial)

I have read and understand the policy: _____(initial)

I agree to comply with the policy: _____(initial)

I understand that the MMF 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:

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

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 the MMF? 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?

Signature of Officer/Director or Committee Member

Date