

ANNUAL CONFLICT OF INTEREST STATEMENT

Crook County Education Foundation

Name: _____ Date: _____ Position(s) held: Director Officer

Employees and board members have an obligation to disclose actual or potential conflicts of interest.

This statement should be completed after careful review of the Conflict of Interest Policy ("Policy") of Crook County Education Foundation ("CCEF").

I affirm the following:

I have received a copy of the Policy.

I have read and understand the Policy.

I agree to comply with the Policy.

I understand that in order to maintain its tax-exempt status, Crook County Education Foundation must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Disclosures:

Do you have a financial interest (current or potential), as defined in the Policy?

No

Yes If yes,

Describe:

Has the financial interest been disclosed, as provided in the Policy?

Yes

No

Signature

Date

Received by CCEF