



Conflict of Interest Disclosure Statement

The Catholic Foundation of Santa Clara County (the "Foundation")

Updated: August 2014

In order to be more comprehensive, this statement of disclosure/questionnaire requires each Catholic Foundation Board member to provide information with respect to certain related parties.

These persons are termed "affiliated persons" and include the following:

- your spouse, domestic partner, child, mother, father, brother or sister;
- any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and,
- any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. Name: (Please print)

2. Capacity (check all that apply)

Board of Directors

Executive Committee

Officer, _____ [list position]

Committee member, _____ [list committee(s)]

3. I affirm the following:

I have received a copy of the Foundation's Conflict of Interest Policy. _____ (initial)

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

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

I understand the Foundation 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. Have you or any of your affiliated persons provided services or property to the Foundation in the past year for which you have been compensated?

YES

NO

If yes, please describe the nature of the services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:



5. Have you or any of your affiliated persons purchased services or property from the Foundation in the past year?

YES NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which the Foundation was or is a party?

YES NO

If yes, describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. Were you or any of your affiliated persons indebted to pay money to the Foundation at any time in the past year (other than scheduled Pledge payments)?

YES NO

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from the Foundation or as a result of your relationship with the Foundation, that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to the Foundation?

YES NO

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:



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9. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving the Foundation?

YES NO

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

10. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by the Foundation's Board (or the Audit Committee) in accordance with the terms and intent of the Foundation's conflict of interest policy?

YES NO

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HERBY CONFIRM that I have read and understand the Foundation's conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify Ron Pelzel (Board President) or Mary Quilici Aumack (Executive Director) immediately.

X

Date: