

CONFLICTS OF INTEREST AND ANNUAL DISCLOSURE STATEMENT FOR ORGANIZATION OF BIOLOGICAL FIELD STATIONS, INC.

THE IRS REQUESTS ANNUAL DISCLOSURE STATEMENTS: The IRS requires that tax exempt organizations engage in a periodic review of conflict of interest transactions. The purpose is to ensure:

- That all conflict of interest transactions are disclosed,
- That the procedures required by the IRS are followed for approving all conflict of interest transactions,
- That all payments paid to or received from the organization for the purchase or sale of goods or services are determined based on accurate information from independent and competent sources,
- That all transactions are fair and reasonable to the organization, and
- That the organization does not engage in activities that result in prohibited private inurement, impermissible private benefit or in an excess benefit transaction, any of which could jeopardize its tax-exempt status.

DEFINITION OF CONFLICT OF INTEREST: A conflict of interest transaction is a transaction involving the organization in which a **Director, Officer, Executive Director or other key executive staff member** of the corporation has a direct or indirect financial interest. A direct financial interest is present when a transaction of the Organization will result in a Director or Officer receiving any payment, or any tangible benefit with financial value, or will result in the avoidance of a negative financial impact. An indirect financial interest is present when a transaction of the organization will result in anyone related to a Director or Officer by blood, marriage, adoption, sharing of financial affairs, or close business relationship, will receive any payment, or any tangible benefit with financial value, or will result in the avoidance of a negative financial impact.

DEFINITION OF AFFILIATED PERSONS: In order to be comprehensive, this statement of disclosure/questionnaire requires you to provide information with respect to certain parties that are related to you. Anyone related to a Director, Officer, Executive Director, or key executive staff member, in any of the ways listed below, are termed “**affiliated persons:**”

- a. Anyone related to you by blood, marriage, adoption, or sharing of financial affairs, including but not limited to your spouse, domestic partner, child, mother, father, brother or sister;
- b. Anyone who is has a close business relationship with you, including an employee, employer, supervisor, or a business partner.
- c. Any entity that has business dealings with the Organization, of which:
 - you are a partner or a controlling shareholder or executive officer; or of which
 - you have any other position that would cause the appearance of a conflict of interest.
- d. Any trust, estate, or other legal entity in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Instructions: Please use this form and any necessary attached pages to disclose conflicts of interest transactions you have been involved with in the prior 12 months or any which you expect to be involved with in the coming 12 months.

Disclosure for the period before and after the following date: _____

YOUR NAME (Please print): _____

YOUR POSITION(S):

- _____ Board of Directors Member
- _____ Officer
- _____ Executive Director
- _____ Key Executive Staff (position): _____
- _____ Key Independent Contractor or Consultant

1. Do you, or any of your affiliated persons receive any compensation in cash or barter for working as an employee, independent contractor or consultant for Organization of Biological Field Stations, Inc.? _____ YES _____ NO

If yes, please list and describe the situations or positions in which this has occurred, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

2. Do you or any of your affiliated persons sell or lease any goods, supplies, equipment or property to the organization, and in return receive any form of payment from the organization in cash or barter, or other benefits, including the lease of office space to the organization?(other than goods or property you donated)?
_____ YES _____ NO

If yes, please describe the nature and value of the goods or property sold, rented or leased, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

3. Do you or any of your affiliated persons buy or rent any goods, services or property from the organization, other than services, goods, or property that are generally available for purchase, rent or lease by the public? _____ YES _____ NO

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

4. Do you or any of your affiliated persons have any direct or indirect interest in any business that is involved in business transaction(s) to which Organization of Biological Field Stations, Inc. was or is a party? _____ YES _____ NO

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

5. Did or will you or any of your affiliated persons receive a loan from the organization, or are you or any of your affiliated persons financially indebted to the Organization of Biological Field Stations, Inc. (other than minor amounts incurred in the ordinary course of business and promptly repaid in full)? _____ YES _____ NO

If yes, please describe the loan or other reason for the indebtedness and the amount, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. Have you or any of your affiliated persons received any gift or loan from any other third party person or entity who is either involved in business with, or competing with Organization of Biological Field Stations, Inc., or seeking to engage in a business agreement or deal with the OBSF, that exceeded seventy-five dollars (\$75), and that was not returned to the giver? _____ YES _____ NO

If yes, please describe the situation(s), all of the facts and circumstances and amounts involved.

7. Are you or any of your affiliated persons a party to, or have an interest in, any pending legal proceedings involving the Organization of Biological Field Stations, Inc.? _____ YES _____ NO

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

8. Are you aware of any other transactions, agreements, arrangements or other situations that have occurred in the past 12 months or which may occur in the upcoming 12 months, that you believe may involve or result in a conflict of interest? _____ 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:

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I HERBY CONFIRM that I have read and understand the Organization of Biological Field Stations, Inc. Conflict of Interest Policy, and that my responses to the above questions are complete and correct to the best of my information and belief and I affirm that:

- I have received a copy of the Conflict of Interest Policy
- I have read and understand the Policy
- I have agreed to comply with the Policy, and
- I understand that Organization of Biological Field Stations, Inc. 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.

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 the Conflict of Interest Policy, I will immediately notify the rest of the Board of Directors (if a Director or Officer), or my supervisor (if staff or volunteer).

Signature _____ Date _____