



## Conflict of Interest Annual Disclosure Form

Lexington Arts & Crafts Society, Inc.

The Lexington Arts and Crafts Society, Inc. ("LexArt") has adopted a Conflict of Interest Policy designed to protect LexArt's interest when it is contemplating entering into certain transactions or arrangements. A copy of the policy is at <https://www.lexart.org/policies>.

The Conflict of Interest Policy requires that each employee, director, officer, member of a committee, or person associated with LexArt in a position of significant authority as designated by the President must annually sign a statement that discloses such person's financial interests and personal interests and makes certain affirmations.

Name \_\_\_\_\_ Date \_\_\_\_\_

**Your Position with LexArt** (check all that apply; list guild, committee or other as needed)

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Guild Chair _____     |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Committee Chair _____ |
| <input type="checkbox"/> Officer  | <input type="checkbox"/> Other _____           |

**About Conflicts of Interest.** A potential or actual conflict of interest exists when your fiduciary duties to act always in the best interests of LexArt may be compromised by other financial, economic, or personal interests or commitments you may have, whether through business, investment, family or personal affiliations of any kind, particularly if those interests or commitments are not disclosed.

Please use the spaces below and on the next page to disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.

### DISCLOSURES

**Please select one of the following:**

- ☐ I am not aware of any relationship or interest or situation involving myself or my immediate family that might result in, or give the appearance of being, a conflict of interest between such family member or me on the one hand and LexArt.
- ☐ The following are relationships, interests, or situations involving me or a member of my family that I consider might result in or appear to be an actual, apparent, or potential conflict of interest between such family members or myself on one hand and LexArt on the other. *See following page.*

**Corporate (either nonprofit or for-profit) directorships, positions, and employment:**

**Memberships in the following organizations:**

**Contracts, business activities, and investments with or in the following organizations:**

**Other relationships and activities:**

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**My current primary business or occupation:**

**CERTIFICATION: By signing this form below, I certify that:**

1. I have received a copy of LexArt's Conflicts of Interest Policy;
2. I have read and understand the policy;
3. I agree to comply with the policy;
4. I agree to report promptly any changes in the information reported on this form, or any new information relevant to a conflict of interest; and
5. I understand that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its exempt purposes and not engage in activities and transactions that provide impermissible benefits to individuals or entities.

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**Signature**