

## CONFLICT-OF-INTEREST DISCLOSURE QUESTIONNAIRE

For purposes herein, "affiliated persons" include the following:

- Any immediate family member,
- Any corporation or organization of which you are an officer or a partner or are, directly or indirectly, the beneficial owner of 10 percent or more of any class of equity securities, or
- 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:     board of trustees     executive committee     officer

committee member     ASOR staff

other, specify: \_\_\_\_\_

3. Have you or any of your affiliated persons provided services or property to ASOR in the past year?

Yes     No

If yes, please describe the nature of the services or property:

\_\_\_\_\_

\_\_\_\_\_

4. Have you or any of your affiliated persons purchased services or property from ASOR in the past year?     Yes     No

If yes, please describe the purchased services or property:

\_\_\_\_\_

\_\_\_\_\_

5. Please indicate whether you or any of your affiliated persons had, have, or will have any direct or indirect interest in any business transaction(s) in the past year to which ASOR was or is a party.     Yes     No

If yes, describe the transaction(s):

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6. Were you or any of your affiliated persons indebted to pay money to ASOR at any time in the past year (other than travel advances or the like)?     Yes     No

If yes, please describe the indebtedness:

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7. In the past year, did you or any of your affiliated persons receive, or were entitled to receive, directly or indirectly, any benefits from, or as a result of your relationship with ASOR 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 ASOR?     Yes     No

If yes, please describe the benefit:

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8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving ASOR? ( ) Yes ( ) No

If yes, please describe the proceeding(s):

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9. Are you aware of any other events, transactions, arrangements, or other situations that you believe should be examined by ASOR's board or the executive committee in accordance with the terms and intent of ASOR's conflict-of-interest policy? ( ) Yes ( ) No

If yes, please describe the situation(s):

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I HEREBY CONFIRM that I have read and understand ASOR's Conflict-of-Interest Policy and that my responses to the above questions are complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date