



AVHTM

**Director and Officer
Annual Conflict of Interest Statement**

Name _____

Date _____

Are you a voting Director? Yes No

Are you an Officer? Yes No

If you are an Officer, which Officer position do you hold? _____

I affirm the following:

- I have received a copy of the **AVHTM Conflict of Interest Policy**. _____ (initial)
- I have read and understand the policy. _____ (initial)
- I agree to comply with the policy. _____ (initial)
- I understand that AVHTM 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)

Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest Policy with AVHTM? Yes No

i. If yes, please describe it (attach additional sheet, if necessary):

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest Policy with AVHTM? Yes No

i. If yes, please describe it, including when (approximately): _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest Policy? Yes No

Signature of Director _____

Date _____