

Annual Conflict Disclosure Questionnaire

Purpose:

In compliance with Transition House, Inc.'s (the "Organization") Conflict of Interest Policy, each director, officer, employee, and volunteer must annually disclose all actual, potential, or perceived conflicts of interest and any previously unreported conflicts of interest. This form also asks for information to assist the Organization. in accurately completing the required IRS Form 990 annual filing.

Related Party:

As used in this form, "**related party**" means:

Your relatives, which include your:

Spouse or domestic partner.

Ancestors.

Siblings or half-siblings, children (whether natural or adopted), grandchildren, and great-grandchildren, and their spouses and domestic partners.

Any entity or trust of which you or your relatives serve as a director, trustee, officer, employee, or volunteer.

Any entity or trust in which you or your relatives have a thirty-five percent (35%) or greater ownership or beneficial interest.

Any partnership or professional corporation in which you or your relatives have a direct or indirect ownership interest in excess of five percent (5%).

Any other entity or trust in which you or your relatives have a material financial interest.

Certification:

By signing this form, you certify that you:

Have received a copy of the Organization's Conflict of Interest Policy.

Have read and understand the Organization's Conflict of Interest Policy.

Have agreed to comply with the Organization's Conflict of Interest Policy.

Either have no conflict of interest to report or are reporting current and potential and any previously unreported conflicts of interest.

Have answered the questions on this form completely and truthfully.

Will notify the President of the Board of Directors immediately if you become aware of an error or material change to the information on this form.

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 tax-exempt purposes.

You may add additional pages as needed. If you have concerns about any questions on this form, please contact the President of the Board of Directors.

Questionnaire:

1. NAME: _____

POSITION: (check all that apply)

Board Member

Committee Member

Committee Names(s): _____

Officer

Employee

Employee Position(s): _____

Volunteer

General Disclosures. Please describe below any relationship, event, activity, transaction, or arrangement you believe could create an actual, potential, or perceived conflict of interest, as described in the Conflict of Interest Policy.

___ I have nothing to report.

___ I have the following information to report.

Positions and Financial Interests. Please list all other for-profit and non-profit entities for which you or a related party serve or anticipate serving as a director, trustee, officer, employee, consultant, or volunteer, or have an ownership, beneficial, or financial interest in.

___ I have nothing to report.

___ I have the following information to report.

Compensation Received. Please describe any compensation arrangement (for example, wages, commissions, royalties, honoraria, fees, grants, loans, gifts, favors, or any other direct or indirect benefits) you or any related party have with the Organization or with any entity or individual with which the Organization has a transaction or arrangement.

___ I have nothing to report.

___ I have the following information to report.

Ownership or Investment Interests. Please describe any ownership or investment interest you or any related party had in any entity with which the Organization had a transaction or arrangement in the past year.

I have nothing to report.

I have the following information to report.

Sales to the Organization. Please describe any goods, services, or property that you or any related party sold or provided to the Organization in the past year.

I have nothing to report.

I have the following information to report.

Purchases from the Organization. Please describe any goods, services, or property that you or any related party purchased from the Organization in the past year.

I have nothing to report.

I have the following information to report.

Loans. Please describe any loans made to or from the Organization from or to you or any related party in the past year (other than travel advances and similar indebtedness).

I have nothing to report.

I have the following information to report.

Other Assistance from the Organization. Please describe any grants, scholarships, stipends, or other assistance that you or any related party received or became entitled to receive in the past year from the Organization.

___ I have nothing to report.

___ I have the following information to report.

Legal Proceedings. Please describe any pending legal proceedings involving the Organization in which you or any related party are a party to or have an interest in.

___ I have nothing to report.

___ I have the following information to report.

CERTIFICATION

Signature

Date

Printed Name and Title