Annual Conflict of Interest Disclosure Form

In compliance with the Roman Catholic Diocese of Charleston's (the "Diocese") Conflict of Interest Policy (the "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.

Related Party

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

- Your relatives, which include your:
 - Spouse or domestic partner;
 - Parents or grandparents (to include step-parents and step-grandparents);
 - 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:

- 1. Have received a copy of the Diocese's Policy.
- 2. Have read and understand the Diocese's Policy.
- 3. Have complied with the Diocese's Policy.
- 4. Either have no conflict of interest to report or are reporting current and potential and any previously unreported conflicts of interest.
- 5. Have answered the questions on this form completely and truthfully.
- 6. Will notify Human Resources at (843)261-0422 immediately if you become aware of an error or material change to the information on this form.
- 7. Understand that the Diocese 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 Human Resources at (843)261-0422

Quest	<u>ionnaire</u>
1.	NAME:
2.	POSITION: (check all that apply)
	Board Member Committee Member
	Committee Name(s):
	Officer
	Employee
	Employee Position(s):
	Volunteer
3.	<u>General Disclosures</u> . 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 Policy.
	I have nothing to report.
	I have the following information to report.
	
4.	<u>Positions and Financial Interests</u> . 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.
5.	<u>Compensation Received</u> . 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 Diocese or with any entity or individual with whom the Diocese has a transaction or arrangement.

I have nothing to report. I have the following information to report.
ership or Investment Interests. Please describe any ownership or investment est you or any related party had in any entity with which the Diocese had a action or arrangement in the past year.
I have nothing to report I have the following information to report.
to the Diocese. Please describe any goods, services, or property that you or any
d party sold or provided to the Diocese in the past year.
I have nothing to report I have the following information to report.
hases from the Diocese. Please describe any goods, services, or property that you elated party purchased from the Diocese in the past year.
I have nothing to report I have the following information to report.

9.	<u>Loans</u> . Please describe any loans made to or from the Diocese 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.
10.	Other Assistance from the Diocese. 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 Diocese.
	I have nothing to report I have the following information to report.
11.	<u>Legal Proceedings</u> . Please describe any pending legal proceedings involving the Diocese 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.

[SIGNATURE PAGE TO FOLLOW]

Signature
Printed Name
Date