Eastern Mennonite University

Annual Conflict of Interest Questionnaire for

**Trustees, Officers and Key Employees**

**2017-2018**

Please complete the following and return this form and any attachments in the envelope provided by June 1, 2010. Please initial each relevant box. The following are definitions of terms used in the questionnaire:

*Material financial interest* – an ownership interest, whether in the form of equity or debt, in the aggregate of more than 35 percent.

*Family member* – spouse, parents, sibling, child, or spouse of a sibling, domestic partner, or person other than a spouse with whom one cohabits.

**Questionnaire Section I**

 Initial

1. I have received a copy of the EMU Conflict of Interest Policy.  [ ] Yes [ ] No
2. I have read and understand the EMU Conflict of Interest Policy. [ ] Yes [ ] No
3. I agree to comply with the terms of the EMU Conflict of Interest policy. [ ] Yes [ ] No

**Questionnaire Section II**

 Initial

1. Are you an officer, director, trustee, partner or employee of a commercial or

nonprofit corporation, partnership, association or other organization which has

or may have an economic or other relationship with the University? [ ] Yes [ ] No

If yes, please list and describe your affiliation with such entity.

1. Do you have a material financial interest in any corporation, partnership, or

other entity which has or may have an economic or other relationship with

the University? [ ] Yes [ ] No

If yes, please list and describe your affiliation with such entity.

 Initial

1. Have you, any family member, domestic partner or person other than a spouse

with whom you cohabit received compensation from the University for services

rendered as a full- or part-time employee, independent contractor or otherwise

in the last twelve months? [ ] Yes [ ] No

If yes, please explain.

 Initial

1. Do you anticipate that you, or any family member, domestic partner or person

other than a spouse with whom you cohabit will receive compensation from

the University, for services rendered, as a full- or part-time employee, independent

contractor, or otherwise during the next twelve months? [ ] Yes [ ] No

If yes, please explain.

1. To the best of your knowledge have you, a member of your family, domestic

partner or person other than a spouse with whom you cohabit and/or entities

listed in response to Questions 4 and 5 above personally benefited from any

business transaction with the University during the last twelve months? [ ] Yes [ ] No

If yes, please describe (and list the financial benefits).

1. Do you anticipate that you, a member of your family, domestic partner or

person other than a spouse with whom you cohabit and/or entities listed in

response to Questions 4 and 5 above will enter into any personally beneficial

business transaction with the University during the next twelve months? [ ] Yes [ ] No

If yes, please describe (and list the actual and potential financial benefits as

you can best estimate them).

1. To the best of your knowledge did you, a member of your family, domestic

partner or person other than a spouse with whom you cohabit receive, in the

last twelve months, any gifts or loans (except in connection with ordinary

banking relationships and ordinary consumer transactions) in excess of

$10,000.00 from any source from which the University buys goods or services

or otherwise has significant business dealings, excluding cash advances for

 travel? ­­­[ ] Yes [ ] No

If yes, please explain.

1. Have you engaged in any other financial, personal or other activities with the

University during the last twelve months which might create an appearance of a

conflict of interest to a reasonable person? ­­­[ ] Yes [ ] No

If yes, please list and describe.

1. Are there any transactions you personally have had with the University, not

covered under this questionnaire that you believe should be disclosed? ­­­[ ] Yes [ ] No

If yes, please describe.

1. Have you borrowed any funds from EMU in the past five years? [ ] Yes [ ] No

If yes, please describe.

**Questionnaire Section III**

1. Please list any organizations in which you are an Officer, hold an executive position, or serve as a member of the Board of Directors or Trustees.
2. Please list your current employer.

**Questionnaire Section IV**

If you selected “no” to any of the questions in Section I or “yes” to any of the questions in Section II, please provide all the information requested below and/or attach additional documentation, if necessary.

I certify that the foregoing information is true and complete to the best of my knowledge. Furthermore, I agree that if in the future any situation arises which may involve me in a conflict of interest or the appearance of a conflict of interest, I will promptly file a new Conflict of Interest Questionnaire with the Chair of the Finance and Audit Committee.

Name (please print):

Signature Date