Annual Conflict of Interest and Compensation Disclosure Statement for Board of Directors and Officers of

Community Health Association of Mountain/Plains States (CHAMPS) (For Form 990, Part VI – Governance, Management, and Disclosure) Approved by the CHAMPS Executive Committee 09/15/09 Revised by the CHAMPS Executive Committee 05/20/15

CHAMPS Board Member Name:

true o	false for the current fiscal r	S Board of Directors, I will answ eporting year. If any statement formation for disclosure to CHAN	generates a			
1.	I was not compensated as an officer or other employee of CHAMPS. (Compensation is defined as all forms of cash and non-cash payments of benefits provided in exchange for services. Such compensation is reported on Form W-2 or Form 1099-MISC.)					
	TRUE	FALSE				
2.	No member of my family was compensated as an employee of CHAMPS. (Family is defined as spouse, ancestors, brothers and sisters, children, grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren and great-grandchildren.)					
	TRUE	FALSE				
3.	I was not compensated by a related organization. (Activities of my CHC/SPCA do not constitute an organization related to CHAMPS, as defined by the IRS.)					
	TRUE	FALSE				
4.	Neither I nor any member of my family was involved in a transaction with CHAMPS required to be reported on Schedule L, Form 990, which addresses these areas:					
	-Excess Benefit Transaction	S	TRUE	FALSE		
	-Loan to or from CHAMPS a	t the end of reporting year	TRUE	FALSE		
	-Grant or other assistance t	o me or someone related to me	TRUE	FALSE		
5.	I did not have a direct business relationship with CHAMPS. (Activities of my CHC/SPCA do not constitute an organization related to CHAMPS, as defined by the IRS.)					
	TRUE	FALSE				
6.	I did not have an indirect business relationship with CHAMPS through ownership of more than 35% of any entity with other board members, officers or key employees. (Activities my CHC/SPCA do not constitute an organization related to CHAMPS, as defined by the IRS					
	TRUE	FALSE				
7.	I did not receive or accrue compensation from any unrelated organization for services rendered to CHAMPS.					
	TRUF	FALSE				

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8. CHAMPS did <u>r</u>	not provide for me:			
-First Class or	r Charter Travel	TRUE	FALSE	
-Travel for co	mpanions	TRUE	FALSE	
-Tax indemnit	fication and gross-up payments	TRUE	FALSE	
-Discretionary	y spending account	TRUE	FALSE	
-Housing allow	wance or residence for personal use	TRUE	FALSE	
-Payments fo	r business use of personal residence	TRUE	FALSE	
-Health or so	cial club dues or initiation fees	TRUE	FALSE	
-Personal serv	vices (e.g. housekeeper, chauffeur, chef)	TRUE	FALSE	
and reimbursed b	CHAMPS business expenses, which have be by CHAMPS, are not subject to disclosure to represent my CHC/SPCA on the BOD of a governing body or through the position	on the Form 9 of CHAMPS by	90. a vote of my	me,
TRUE		I noid at my n	editir center/3r cA.	
	FALSE gifts or other incentives to improperly inf CHAMPS or its members.	luence relation	ships or business	
TRUE	FALSE			
	ept gifts or gratuities from any contractor, doing business with CHAMPS that are give relationship.		•	•
TRUE	FALSE			
	on the Board of Directors of the following lict of interest (please list all organization		which may give rise	to a
		-		
	ember Signature:			
e:	Da	te:		