

**Annual Conflict of Interest and Compensation Disclosure Statement for
Board of Directors and Officers of
Community Health Association of Mountain/Plains States (CHAMPS)**

8. CHAMPS did not provide for me:

- | | | |
|--|-----------------|------------------|
| -First Class or Charter Travel | TRUE ___ | FALSE ___ |
| -Travel for companions | TRUE ___ | FALSE ___ |
| -Tax indemnification and gross-up payments | TRUE ___ | FALSE ___ |
| -Discretionary spending account | TRUE ___ | FALSE ___ |
| -Housing allowance or residence for personal use | TRUE ___ | FALSE ___ |
| -Payments for business use of personal residence | TRUE ___ | FALSE ___ |
| -Health or social club dues or initiation fees | TRUE ___ | FALSE ___ |
| -Personal services (e.g. housekeeper, chauffeur, chef) | TRUE ___ | FALSE ___ |

Note: Ordinary CHAMPS business expenses, which have been incurred and documented by me, and reimbursed by CHAMPS, are not subject to disclosure on the Form 990.

9. I was chosen to represent my CHC/SPCA on the BOD of CHAMPS by a vote of my organization's governing body or through the position I hold at my health center/SPCA.

TRUE_____ **FALSE**_____

10. I did not give or use gifts from persons who do or seek to do business with CHAMPS or its members.

TRUE_____ **FALSE**_____

11. I did not use gifts or other incentives to improperly influence relationships or business outcomes for CHAMPS or its members.

TRUE_____ **FALSE**_____

12. I did not accept gifts or gratuities from any contractor, vendor, patient, consultant or any other entity doing business with CHAMPS that are given with the purpose of influencing a professional relationship.

TRUE_____ **FALSE**_____

13. I also serve on the Board of Directors of the following organizations which may give rise to a possible conflict of interest (please list all organizations):

CHAMPS Board Member Signature: _____

Title: _____ **Date:** _____