



**IDF**  
**Director and Officer**  
**Annual Conflict of Interest Statement**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position(s):** \_\_\_\_\_

**Are you a voting Director? Yes No**

**Are you an Officer? Yes No If yes, which Officer position do you hold:** \_\_\_\_\_

**I affirm the following:**

I have received a copy of the IDF Conflict of Interest Policy. \_\_\_\_\_ (initial)

I have read and understand the policy. \_\_\_\_\_ (initial)

I agree to comply with the policy. \_\_\_\_\_ (initial)

I understand that IDF is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. \_\_\_\_\_ (initial)

**Disclosures:**

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with IDF? Yes No

i. If yes, please describe it: \_\_\_\_\_

\_\_\_\_\_

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with IDF? Yes No

i. If yes, please describe it, including when (approximately): \_\_\_\_\_

\_\_\_\_\_

ii. If yes, has the financial interest been disclosed, per the Conflict of Interest policy? Yes No

c. Are you an independent director, as defined in the Conflict of Interest policy? Yes No

a. If you are not independent, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Date of Review by Ethics Commission: \_\_\_\_\_