

October 22, 2009

Arkansas 4-H Foundation, Inc.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Preliminary note: In order to be more comprehensive, this statement of disclosure/questionnaire also requires you to provide information with respect to certain parties that are related to you.

These persons are termed "affiliated persons" and include the following:

- a. your spouse, domestic partner, child, mother, father, brother or sister;
- b. any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
- c. any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. NAME OF EMPLOYEE OR BOARD MEMBER: (Please print)

2. CAPACITY: _____ board of directors
 _____ executive committee
 _____ officer
 _____ committee member
 _____ staff (position): _____

3. Have you or any of your affiliated persons provided services or property to The Arkansas 4-H Foundation, Inc. in the past year?

_____ YES _____ NO

If yes, please describe the nature of the services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

4. Have you or any of your affiliated persons purchased services or property from The Arkansas 4-H Foundation, Inc. in the past year?

_____ YES _____ NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which The Arkansas 4-H Foundation, Inc. was or is a party?

_____YES _____NO

If yes, describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. Were you or any of your affiliated persons indebted to pay money to The Arkansas 4-H Foundation, Inc. at any time in the past year (other than travel advances, donations or the like)?

_____YES _____NO

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from The Arkansas 4-H Foundation, Inc. or as a result of your relationship with The Arkansas 4-H Foundation, Inc., that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to The Arkansas 4-H Foundation, Inc. Board of Trustees?

_____YES _____NO

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

October 22, 2009

8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving The Arkansas 4-H Foundation, Inc.?

____ YES ____ NO

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

9. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by The Arkansas 4-H Foundation, Inc.'s [board or a duly constituted committee thereof] in accordance with the terms and intent of The Arkansas 4-H Foundation, Inc.'s conflict of interest policy?

____ YES ____ NO

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HERBY CONFIRM that I have read and understand The Arkansas 4-H Foundation, Inc.'s conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify Dr. Brad Davis, Executive Director immediately.

Signature

Date

Arkansas 4-H Foundation, Inc.

GIFT POLICY AND DISCLOSURE FORM

As part of its conflict of interest policy, The Arkansas 4-H Foundation, Inc. requires that directors, officers and employees decline to accept certain gifts, consideration or remuneration from individuals or companies that seek to do business with The Arkansas 4-H Foundation, Inc. or are a competitor of it. This policy and disclosure form is intended to implement that prohibition on gifts.

- Section 1.** “Responsible Person” is any person serving as an officer, employee or a member of the board of directors of The Arkansas 4-H Foundation, Inc..
- Section 2.** “Family Member” is a spouse, domestic partner, parent, child or spouse of a child, or a brother, sister, or spouse of a brother or sister, of a Responsible Person.
- Section 3.** “Contract or Transaction” is any agreement or relationship involving the sale or purchase of goods, services or rights of any kind, receipt of a loan or grant, or the establishment of any other pecuniary relationship. The making of a gift to The Arkansas 4-H Foundation, Inc. is not a “contract” or “transaction.”
- Section 4.** Prohibited gifts, gratuities and entertainment. Except as approved by the Chairman of the Board or his designee or for gifts of a value less than \$50 which could not be refused without discourtesy, no Responsible Person or Family Member shall accept gifts, entertainment or other favors from any person or entity which:
1. Does or seeks to do business with the Arkansas 4-H Foundation Inc. or,
 2. Does or seeks to compete with The Arkansas 4-H Foundation, Inc. or,
 3. Has received, is receiving, or is seeking to receive a Contract or Transaction with The Arkansas 4-H Foundation, Inc.

GIFT STATEMENT

I certify that I have read the above policy concerning gifts, and I agree that I will not accept gifts, entertainment or other favors from any individual or entity, which would be prohibited by the above policy. Following my initial statement, I agree to provide a signed statement at the end of each calendar year certifying that I have not received any such gifts, entertainment or other favors during the preceding year.

Signature

Date