

**ANNUAL DISCLOSURE STATEMENT
CONFLICT OF INTEREST
University Academy**

This state of disclosure 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 partners, 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 or 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.

| INTEREST | YES | NO |
|---|-----|----|
| 1. Have you or any of your affiliated persons <u>provided services</u> or property to University Academy in the past year? | X | |
| 2. Have you or any of your affiliated persons <u>purchased services</u> or property from University Academy in the past year? | | X |
| 3. Did you or any of your affiliated persons have any <u>direct or indirect interest in any business transaction(s)</u> in the past year to which University Academy was or is a party? | X | |
| 4. Were you or any of your affiliated persons <u>indebted to pay money to</u> University Academy at any time in the past year (other than pledges or payments for services)? | | X |
| 5. In the past year, did you or any of your affiliated persons <u>receive, or become entitled to receive</u> , directly or indirectly, <u>any personal benefits</u> from University Academy or as a result of your relationship with University Academy, 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 University Academy? | | X |
| 6. Are you or any of your affiliated persons a party to, or have an interest in <u>any pending legal proceedings</u> involving University Academy? | | X |
| 7. Do you or any of your affiliated persons sit on a board, committee or manage any agencies <u>that University Academy funds or has funded</u> in the past? | | |
| 8. Do you or your affiliated persons have a family relationship, a business relationship, or financial dealings of any kind <u>with any other trustee, officer, or key employee of the school</u> (for example, a trustee-to-trustee lease, business arrangement, investment, or other dealings not directly involving University Academy)? | | X |
| 9. Are you aware of any other conflicting loyalties – any events, transactions, arrangements or other situation that have occurred or may occur in the future, that could merit examination by the Board of University Academy or a duly constituted committee thereof in accordance with the terms and intent of its Conflict of Interest Policy? | | X |

If you answered YES to any of the above questions, please fill out the following section (may attach additional sheets if needed):

| Name of Interested Person | Relationship between Interested Person and University Academy | Amount of Transaction | Description of Transaction |
|---------------------------|---|-----------------------|---|
| Shirley Bush Helzberg | President of University Academy Supporting Foundation - | lease over \$600,000 | lease for facility for University Academy |
| | | | |
| | | | |
| | | | |

LAST NAME: Helzberg
DATE: 10/24/2023

Conflict of Interest Disclosure Statement Signature Page

Shirley Bush Helzberg
FULL NAME of Trustee or employee (Please Print)

CAPACITY: (Check ALL that apply)

- ☒ Member, Board of Trustees
- ☒ Officer, Board of Trustees
- ☒ Executive Committee member, Board of Trustees
- ☐ Non-trustee, serving on (name of committee: _____)
- ☐ Staff: (position _____)

I HEREBY CONFIRM that I have read and understand University Academy's Conflict of Interest Policy. 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 the disclosure is inaccurate or that I have not complied with this policy, I will notify the Board President immediately.

Shirley Bush Helzberg
Signature

10/24/2023
Date

**ANNUAL DISCLOSURE STATEMENT
CONFLICT OF INTEREST
University Academy**

This state of disclosure 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 partners, 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 or 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.

| INTEREST | YES | NO |
|---|-----|----|
| 1. Have you or any of your affiliated persons <u>provided services</u> or property to University Academy in the past year? | | X |
| 2. Have you or any of your affiliated persons <u>purchased services</u> or property from University Academy in the past year? | | X |
| 3. Did you or any of your affiliated persons have any <u>direct or indirect interest in any business transaction(s)</u> in the past year to which University Academy was or is a party? | | X |
| 4. Were you or any of your affiliated persons <u>indebted to pay money to</u> University Academy at any time in the past year (other than pledges or payments for services)? | | X |
| 5. In the past year, did you or any of your affiliated persons <u>receive, or become entitled to receive</u> , directly or indirectly, <u>any personal benefits</u> from University Academy or as a result of your relationship with University Academy, 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 University Academy? | | X |
| 6. Are you or any of your affiliated persons a party to, or have an interest in <u>any pending legal proceedings</u> involving University Academy? | | X |
| 7. Do you or any of your affiliated persons sit on a board, committee or manage any agencies <u>that University Academy funds or has funded</u> in the past? | | X |
| 8. Do you or your affiliated persons have a family relationship, a business relationship, or financial dealings of any kind <u>with any other trustee, officer, or key employee of the school</u> (for example, a trustee-to-trustee lease, business arrangement, investment, or other dealings not directly involving University Academy)? | | X |
| 9. Are you aware of any other conflicting loyalties – any events, transactions, arrangements or other situation that have occurred or may occur in the future, that could merit examination by the Board of University Academy or a duly constituted committee thereof in accordance with the terms and intent of its Conflict of Interest Policy? | | X |

If you answered YES to any of the above questions, please fill out the following section (may attach additional sheets if needed):

| Name of Interested Person | Relationship between Interested Person and University Academy | Amount of Transaction | Description of Transaction |
|---------------------------|---|-----------------------|----------------------------|
| | | | |
| | | | |
| | | | |

LAST NAME: DICKEY
DATE: 10/24/23

Conflict of Interest Disclosure Statement Signature Page

David W. Dickey
FULL NAME of Trustee or employee (Please Print)

CAPACITY: (Check ALL that apply)

- ☐ Member, Board of Trustees
- ☒ Officer, Board of Trustees
- ☐ Executive Committee member, Board of Trustees
- ☐ Non-trustee, serving on (name of committee: _____)
- ☐ Staff: (position _____)

I HEREBY CONFIRM that I have read and understand University Academy's Conflict of Interest Policy. 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 the disclosure is inaccurate or that I have not complied with this policy, I will notify the Board President immediately.

David W. Dickey
Signature

10/24/23
Date

**ANNUAL DISCLOSURE STATEMENT
CONFLICT OF INTEREST
University Academy**

This state of disclosure 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 partners, 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 or 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.

| INTEREST | YES | NO |
|---|-----|----|
| 1. Have you or any of your affiliated persons <u>provided services</u> or property to University Academy in the past year? | | X |
| 2. Have you or any of your affiliated persons <u>purchased services</u> or property from University Academy in the past year? | | X |
| 3. Did you or any of your affiliated persons have any <u>direct or indirect interest in any business transaction(s)</u> in the past year to which University Academy was or is a party? | | X |
| 4. Were you or any of your affiliated persons <u>indebted to pay money to</u> University Academy at any time in the past year (other than pledges or payments for services)? | | X |
| 5. In the past year, did you or any of your affiliated persons <u>receive, or become entitled to receive</u> , directly or indirectly, <u>any personal benefits</u> from University Academy or as a result of your relationship with University Academy, 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 University Academy? | | X |
| 6. Are you or any of your affiliated persons a party to, or have an interest in <u>any pending legal proceedings</u> involving University Academy? | | X |
| 7. Do you or any of your affiliated persons sit on a board, committee or manage any agencies <u>that University Academy funds or has funded</u> in the past? | | X |
| 8. Do you or your affiliated persons have a family relationship, a business relationship, or financial dealings of any kind <u>with any other trustee, officer, or key employee of the school</u> (for example, a trustee-to-trustee lease, business arrangement, investment, or other dealings not directly involving University Academy)? | | X |
| 9. Are you aware of any other conflicting loyalties – any events, transactions, arrangements or other situation that have occurred or may occur in the future, that could merit examination by the Board of University Academy or a duly constituted committee thereof in accordance with the terms and intent of its Conflict of Interest Policy? | | X |

If you answered YES to any of the above questions, please fill out the following section (may attach additional sheets if needed):

| Name of Interested Person | Relationship between Interested Person and University Academy | Amount of Transaction | Description of Transaction |
|---------------------------|---|-----------------------|----------------------------|
| | | | |
| | | | |
| | | | |

LAST NAME: Gerson

DATE: 10-24-23

Conflict of Interest Disclosure Statement Signature Page

Katharine Kwo Gerson
FULL NAME of Trustee or employee (Please Print)

CAPACITY: (Check ALL that apply)

- ☐ Member, Board of Trustees
- ☒ Officer, Board of Trustees
- ☐ Executive Committee member, Board of Trustees
- ☐ Non-trustee, serving on (name of committee: _____)
- ☐ Staff: (position _____)

I HEREBY CONFIRM that I have read and understand University Academy's Conflict of Interest Policy. 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 the disclosure is inaccurate or that I have not complied with this policy, I will notify the Board President immediately.

Katharine Kwo Gerson
Signature

10-24-23
Date

**ANNUAL DISCLOSURE STATEMENT
CONFLICT OF INTEREST
University Academy**

This state of disclosure 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 partners, 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 or 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.

| INTEREST | YES | NO |
|---|-----|----|
| 1. Have you or any of your affiliated persons <u>provided services</u> or property to University Academy in the past year? | | X |
| 2. Have you or any of your affiliated persons <u>purchased services</u> or property from University Academy in the past year? | | X |
| 3. Did you or any of your affiliated persons have any <u>direct or indirect interest in any business transaction(s)</u> in the past year to which University Academy was or is a party? | | X |
| 4. Were you or any of your affiliated persons <u>indebted to pay money to</u> University Academy at any time in the past year (other than pledges or payments for services)? | | X |
| 5. In the past year, did you or any of your affiliated persons <u>receive, or become entitled to receive</u> , directly or indirectly, <u>any personal benefits</u> from University Academy or as a result of your relationship with University Academy, 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 University Academy? | | X |
| 6. Are you or any of your affiliated persons a party to, or have an interest in <u>any pending legal proceedings</u> involving University Academy? | | X |
| 7. Do you or any of your affiliated persons sit on a board, committee or manage any agencies <u>that University Academy funds or has funded</u> in the past? | | X |
| 8. Do you or your affiliated persons have a family relationship, a business relationship, or financial dealings of any kind <u>with any other trustee, officer, or key employee of the school</u> (for example, a trustee-to-trustee lease, business arrangement, investment, or other dealings not directly involving University Academy)? | | X |
| 9. Are you aware of any other conflicting loyalties – any events, transactions, arrangements or other situation that have occurred or may occur in the future, that could merit examination by the Board of University Academy or a duly constituted committee thereof in accordance with the terms and intent of its Conflict of Interest Policy? | | X |

If you answered YES to any of the above questions, please fill out the following section (may attach additional sheets if needed):

| Name of Interested Person | Relationship between Interested Person and University Academy | Amount of Transaction | Description of Transaction |
|---------------------------|---|-----------------------|----------------------------|
| | | | |
| | | | |
| | | | |

LAST NAME: _____

DATE: _____

Conflict of Interest Disclosure Statement Signature Page

Paul Greenman
 FULL NAME of Trustee or employee (Please Print)

CAPACITY: (Check ALL that apply)

- ☒ Member, Board of Trustees
- ☐ Officer, Board of Trustees
- ☐ Executive Committee member, Board of Trustees
- ☐ Non-trustee, serving on (name of committee: _____)
- ☐ Staff: (position _____)

I HEREBY CONFIRM that I have read and understand University Academy's Conflict of Interest Policy. 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 the disclosure is inaccurate or that I have not complied with this policy, I will notify the Board President immediately.

Signature

Date

10/24/23

**ANNUAL DISCLOSURE STATEMENT
CONFLICT OF INTEREST
University Academy**

This state of disclosure 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 partners, 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 or 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.

| INTEREST | YES | NO |
|---|-----|----|
| 1. Have you or any of your affiliated persons <u>provided services</u> or property to University Academy in the past year? | | ✓ |
| 2. Have you or any of your affiliated persons <u>purchased services</u> or property from University Academy in the past year? | | ✓ |
| 3. Did you or any of your affiliated persons have any <u>direct or indirect interest in any business transaction(s)</u> in the past year to which University Academy was or is a party? | | ✓ |
| 4. Were you or any of your affiliated persons <u>indebted to pay money to</u> University Academy at any time in the past year (other than pledges or payments for services)? | | ✓ |
| 5. In the past year, did you or any of your affiliated persons <u>receive, or become entitled to receive</u> , directly or indirectly, <u>any personal benefits</u> from University Academy or as a result of your relationship with University Academy, 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 University Academy? | | ✓ |
| 6. Are you or any of your affiliated persons a party to, or have an interest in <u>any pending legal proceedings</u> involving University Academy? | | ✓ |
| 7. Do you or any of your affiliated persons sit on a board, committee or manage any agencies <u>that University Academy funds or has funded</u> in the past? | | ✓ |
| 8. Do you or your affiliated persons have a family relationship, a business relationship, or financial dealings of any kind <u>with any other trustee, officer, or key employee of the school</u> (for example, a trustee-to-trustee lease, business arrangement, investment, or other dealings not directly involving University Academy)? | | ✓ |
| 9. Are you aware of any other conflicting loyalties -- any events, transactions, arrangements or other situation that have occurred or may occur in the future, that could merit examination by the Board of University Academy or a duly constituted committee thereof in accordance with the terms and intent of its Conflict of Interest Policy? | | ✓ |

If you answered YES to any of the above questions, please fill out the following section (may attach additional sheets if needed):

| Name of Interested Person | Relationship between Interested Person and University Academy | Amount of Transaction | Description of Transaction |
|---------------------------|---|-----------------------|----------------------------|
| | | | |
| | | | |
| | | | |

LAST NAME: Warrior

DATE: 11-29-2023

Conflict of Interest Disclosure Statement Signature Page

LeRay Warrior
FULL NAME of Trustee or employee (Please Print)

CAPACITY: (Check ALL that apply)

- ☐ Member, Board of Trustees
- ☒ Officer, Board of Trustees
- ☐ Executive Committee member, Board of Trustees
- ☐ Non-trustee, serving on (name of committee: _____)
- ☐ Staff: (position _____)

I HEREBY CONFIRM that I have read and understand University Academy's Conflict of Interest Policy. 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 the disclosure is inaccurate or that I have not complied with this policy, I will notify the Board President immediately.

J. Ray Warrior
Signature

11-29-2023
Date

**ANNUAL DISCLOSURE STATEMENT
CONFLICT OF INTEREST
University Academy**

This state of disclosure 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 partners, 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 or 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.

| INTEREST | YES | NO |
|---|-----|----|
| 1. Have you or any of your affiliated persons <u>provided services</u> or property to University Academy in the past year? | | X |
| 2. Have you or any of your affiliated persons <u>purchased services</u> or property from University Academy in the past year? | | X |
| 3. Did you or any of your affiliated persons have any <u>direct or indirect interest in any business transaction(s)</u> in the past year to which University Academy was or is a party? | | X |
| 4. Were you or any of your affiliated persons <u>indebted to pay money to</u> University Academy at any time in the past year (other than pledges or payments for services)? | | a |
| 5. In the past year, did you or any of your affiliated persons <u>receive, or become entitled to receive</u> , directly or indirectly, <u>any personal benefits</u> from University Academy or as a result of your relationship with University Academy, 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 University Academy? | | X |
| 6. Are you or any of your affiliated persons a party to, or have an interest in <u>any pending legal proceedings</u> involving University Academy? | | X |
| 7. Do you or any of your affiliated persons sit on a board, committee or manage any agencies <u>that University Academy funds or has funded</u> in the past? | | X |
| 8. Do you or your affiliated persons have a family relationship, a business relationship, or financial dealings of any kind <u>with any other trustee, officer, or key employee of the school</u> (for example, a trustee-to-trustee lease, business arrangement, investment, or other dealings not directly involving University Academy)? | | X |
| 9. Are you aware of any other conflicting loyalties — any events, transactions, arrangements or other situation that have occurred or may occur in the future, that could merit examination by the Board of University Academy or a duly constituted committee thereof in accordance with the terms and intent of its Conflict of Interest Policy? | | X |

If you answered YES to any of the above questions, please fill out the following section (may attach additional sheets if needed):

| Name of Interested Person | Relationship between Interested Person and University Academy | Amount of Transaction | Description of Transaction |
|---------------------------|---|-----------------------|----------------------------|
| | | | |
| | | | |
| | | | |

LAST NAME: Hall
DATE: 11/28/23

Conflict of Interest Disclosure Statement Signature Page

FULL NAME of Trustee or employee (Please Print)

CAPACITY: (Check ALL that apply)

- ☒ Member, Board of Trustees
- ☐ Officer, Board of Trustees
- ☐ Executive Committee member, Board of Trustees
- ☐ Non-trustee, serving on (name of committee: _____)
- ☐ Staff: (position: _____)

I HEREBY CONFIRM that I have read and understand University Academy's Conflict of Interest Policy. 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 the disclosure is inaccurate or that I have not complied with this policy, I will notify the Board President immediately.

Jean C. Hall
Signature

11/28/2023
Date

**ANNUAL DISCLOSURE STATEMENT
CONFLICT OF INTEREST
University Academy**

This state of disclosure 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 partners, 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 or 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.

| INTEREST | YES | NO |
|---|-----|----|
| 1. Have you or any of your affiliated persons <u>provided services</u> or property to University Academy in the past year? | | ✓ |
| 2. Have you or any of your affiliated persons <u>purchased services</u> or property from University Academy in the past year? | | ✓ |
| 3. Did you or any of your affiliated persons have any <u>direct or indirect interest in any business transaction(s)</u> in the past year to which University Academy was or is a party? | ✓ | |
| 4. Were you or any of your affiliated persons <u>indebted to pay money to</u> University Academy at any time in the past year (other than pledges or payments for services)? | | ✓ |
| 5. In the past year, did you or any of your affiliated persons <u>receive, or become entitled to receive</u> , directly or indirectly, <u>any personal benefits</u> from University Academy or as a result of your relationship with University Academy, 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 University Academy? | | ✓ |
| 6. Are you or any of your affiliated persons a party to, or have an interest in <u>any pending legal proceedings</u> involving University Academy? | | ✓ |
| 7. Do you or any of your affiliated persons sit on a board, committee or manage any agencies <u>that University Academy funds or has funded</u> in the past? | | ✓ |
| 8. Do you or your affiliated persons have a family relationship, a business relationship, or financial dealings of any kind <u>with any other trustee, officer, or key employee of the school</u> (for example, a trustee-to-trustee lease, business arrangement, investment, or other dealings not directly involving University Academy)? | | ✓ |
| 9. Are you aware of any other conflicting loyalties – any events, transactions, arrangements or other situation that have occurred or may occur in the future, that could merit examination by the Board of University Academy or a duly constituted committee thereof in accordance with the terms and intent of its Conflict of Interest Policy? | | ✓ |

If you answered YES to any of the above questions, please fill out the following section (may attach additional sheets if needed):

| Name of Interested Person | Relationship between Interested Person and University Academy | Amount of Transaction | Description of Transaction |
|---------------------------|---|-----------------------|----------------------------|
| Dr. Meghan Krohn | None | \$0 | Dental Services |
| | | | |
| | | | |

LAST NAME: Ravin

DATE: 11/28/23

Conflict of Interest Disclosure Statement Signature Page

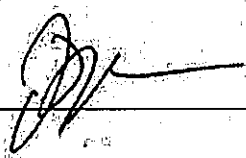
Jeron Ravin, JD

FULL NAME of Trustee or employee (Please Print)

CAPACITY: (Check ALL that apply)

- ☒ Member, Board of Trustees
- ☐ Officer, Board of Trustees
- ☐ Executive Committee member, Board of Trustees
- ☐ Non-trustee, serving on (name of committee: _____)
- ☐ Staff: (position _____)

I HEREBY CONFIRM that I have read and understand University Academy's Conflict of Interest Policy. 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 the disclosure is inaccurate or that I have not complied with this policy, I will notify the Board President immediately.

Signature 

November 28, 2023

Date