

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you or any of your affiliated persons <u>purchased services</u> or property from University Academy in the past year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Johnson

DATE: 11/13/24

Conflict of Interest Disclosure Statement Signature Page

Laura A Johnson

 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

11/13/24

 Date