

ANNUAL DISCLOSURE STATEMENT

CONFLICT OF INTEREST

University Academy

Preliminary note: This statement 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 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.

	YES	NO
1. Have you or any of your affiliated persons provided services or property to University Academy in the past year?		X
2. Have you or any of your affiliated persons purchased services or property from University Academy in the past year?		X
3. Did you or any of your affiliated persons have any direct or indirect interest in any business transaction(s) in the past year to which University Academy was or is a party?		X
4. Were you or any of your affiliated persons indebted to pay money to 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 receive, or become entitled to receive, directly or indirectly, any personal benefits 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 at a party to or have an interest in any pending legal proceedings involving University Academy?		X

7. Do you or any of your affiliated persons sit on a board, committee or manage any agencies that University Academy funds or has funded in the past?		X
8. Do you or your affiliated persons have a family relationship, a business relationship, or financial dealings of any kind with any other trustee, officer, or key employee of the school (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 situations 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 University Academy	Amount of Transaction	Description of Transaction

LAST NAME: Gerson 

DATE: 9/1/21

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.



Signature

9/1/21

Date