

**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.

|  | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| 1. Have you or any of your affiliated persons provided services or property to University Academy in the past year?  |            | <b>X</b>  |
| 2. Have you or any of your affiliated persons purchased services or property from University Academy in the past year?   |            | <b>X</b>  |
| 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?   |            | <b>X</b>  |
| 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)?  |            | <b>X</b>  |
| 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? |            | <b>X</b>  |
| 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?  |            | <b>X</b>  |
| 7. Do you or your affiliated persons sit on a board, committee or manage any agencies that University Academy funds or has funded in the past?   |            | <b>X</b>  |
| 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)?   |            | <b>X</b>  |
| 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?  |            | <b>X</b>  |

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

| <b>Name of Interested Person</b> | <b>Relationship between Interested person University Academy</b> | <b>Amount of Transaction</b> | <b>Description of Transaction</b> |
|----------------------------------|--|------------------------------|-----------------------------------|
|                                  |  |                              |                                   |
|                                  |  |                              |                                   |
|                                  |  |                              |                                   |
|                                  |  |                              |                                   |

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|-------------------|----------|
| <b>LAST NAME:</b> | Warrior  |
| <b>DATE:</b>      | 9/2/2021 |

## Conflict of Interest Disclosure Statement Signature Page

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**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 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.

9/2/2021



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**Signature**

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**Date**