

**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.

<b>INTEREST</b>		<b>YES</b>	<b>NO</b>
1.	Have you or any of your affiliated persons <u>provided services</u> or property to University Academy in the past year?		<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 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 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 checked="" type="checkbox"/>
5.	In the past year, did you or any of your affiliated persons <u>receive, or become entitled to receive, directly or indirectly, 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 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 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 in</u> the past?		<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 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 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

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LAST NAME: Hall

DATE: 20241105

Conflict of Interest Disclosure Statement Signature Page


Jean Camille Hall

\_\_\_\_\_  
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

20241105  
\_\_\_\_\_  
Date