



Mat Su Health Services, Inc

1363 W Spruce Avenue

Wasilla, AK 99654

(907) 376-2411

Mat-Su Health Services, Inc. (MSHS) conducts its business with the highest degree of ethical standards. Members of the Board of Directors (Board) and MSHS managers are expected to model ethical behavior in their leadership and business transactions on behalf of MSHS. This Conflict of Interest Disclosure Questionnaire is designed to elicit information from Board members and managers to assure they are acting in the best interest of MSHS and to identify any conflicts of interest they may have.

A conflict of interest may occur where volunteers or employees have a financial, business, or personal interest that is in conflict or appears to be in conflict with the interests of MSHS. Immediate disclosure of conflicts of interest is an essential obligation. MSHS has a structured conflict of interest process with the following steps: (1) Board members or managers must identify or recognize the financial, business, and personal interest in conflict with MSHS interest; (2) they must next disclose the conflict to the Board President and/or CEO, respectively; (3) the Board will assess any impact of the conflict on MSHS; (4) the Board will discuss possible remedial actions with the Board member or manager; and (5) if necessary, the Board will discuss the conflict and proposed remedial action with the Board President and the CEO. Remedial actions may range from firewalls in the manager's work, to recusal from a Board vote, business decision or transaction involving MSHS or the other organization, to withdrawal from the other organization's business or board of directors, to other actions that eliminate the conflict of interest or appearance of a conflict.

Once completed, please sign and date the Questionnaire and send to the Board of Directors Office, (mailing address is at the end of form) or email to eshawback@matsuhealthservices.org. If you have any questions or require clarification, please feel free to contact Elena Shawback, Director of Financial Services at (907) 352-3230, or by email at eshawback@matsuhealthservices.org. This Questionnaire is to be completed annually and changes are updated throughout the year.

In completing the Questionnaire, please note that the term ***"immediate family members"*** includes a person's spouse, parents, children (including adopted), siblings, mothers and fathers-in-law, sons and daughters-in-law, brothers and sisters-in-law, grandparents, spouses of siblings or children, or domestic partner, or anyone (other than domestic employees) who shares such person's home.

1. Employment by Mat-Su Health Services (MSHS)

Do you have an immediate family member who is now employed by MSHS?

☐ Yes ☐ No

If yes, please identify the person, position and date of such employment by MSHS.

2. Personal Remuneration from MSHS

Are you or any of your immediate family members receiving or expecting to receive any remuneration from MSHS other than employment compensation?

☐ Yes ☐ No

If yes, please identify the person, position, amount and date the remuneration is expected to be received.

3. Business with MSHS

Do you have a financial or business interest in a business or organization with which MSHS does business or received payments for property, goods, or services?

☐ Yes ☐ No

Have you been a party to or involved in a contractual transaction with MSHS?

☐ Yes ☐ No

Do you have an immediate family member who has a financial or business interest in a business or organization with which MSHS does business or received payments for property, goods, or services?

☐ Yes ☐ No

If yes, please identify: (a) your financial, business, contractual or organizational interest; (b) the relationship between MSHS and the other business; (c) if an immediate family member has the interest, identify the relationship of the person to you; and (d) the impact on the interest of MSHS or the other business.

4. Please list all corporations, organizations, or institutions on whose board of directors, board of trustees, or other governing bodies, or advisory boards you currently serve. Please identify the nature of the organization's business, and whether that organization does business or is involved in litigation with MSHS. Attach additional pages to this questionnaire as needed to reflect all boards and governing bodies

5. Is an employee of MSHS or member of MSHS Board of Directors also an employee of a board of directors, trustees, or governing bodies listed in Question 4?

☐ Yes ☐ No

If yes, please identify MSHS employee or board member.

6. Association with MSHS Auditors

The auditor for MSHS is currently Altman, Rogers & Co.. Are you or an immediate family member a partner or principal in Altman, Rogers & Co.? Or,

Identify any immediate family members who are employees of Altman, Rogers & Co. who participate in the audit, assurance, or tax compliance practice for MSHS.

7. Legal Proceedings

Are there any legal proceedings adverse to MSHS pending or anticipated in which you, an immediate family member, or any entity listed by you in response to the above questions are a party?

☐ Yes ☐ No

If yes, please list them below.

During the past five years have you been convicted in a criminal proceeding or are you now the named subject of a pending criminal proceeding (excluding traffic violations and other minor offenses)?

☐ Yes

☐ No

If yes, please provide the details below.

8. Other

Is there anything that has not been asked in this Questionnaire that you believe MSHS should know, e.g. previously employed by a competitor of MSHS or previously on the Board of a competitor? If yes, please provide the details below.

Date _____ Signature _____

Printed Name _____

Board of Directors should return the completed Questionnaire to:

Elena Shawback, Director of Financial Services
Mat-Su Health Services, Inc.
1363 W. Spruce Avenue
Wasilla, AK 99654
eshawback@matsuhealthservices.org