

**39 ALPHA RESEARCH**

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

As part of its Conflict of Interest Policy 39 Alpha Research (the “Corporation”) requires that every Interested Person (defined as members of the Board of Directors (the “Board”), members of any Board committee, officers, key employees, highest compensated employees, or other persons with substantial influence over the affairs of the Corporation disclose interests that could lead to an actual or apparent conflict of interest. This disclosure form is intended to satisfy the Policy’s annual disclosure requirement. Please describe the circumstances surrounding any positive response in the space provided or on a separate sheet. Capitalized terms not defined in this disclosure statement shall have the meaning set forth in the Conflict of Interest Policy.

**I. DISCLOSURE**

A. Name of Person Signing Disclosure: \_\_\_\_\_

Capacity (check all which apply):

\_\_\_\_\_ Member of Board

\_\_\_\_\_ Member of Board committee

\_\_\_\_\_ Officer

\_\_\_\_\_ Key employee

\_\_\_\_\_ Highest compensated employee

\_\_\_\_\_ Other person with substantial influence over the affairs of the Corporation

B. Have you, any of your Family Members, or any entity in which you or a Family Member has a 35% interest engaged in any of the following transactions with the Corporation in the past year:

(i) provided services or property to the Corporation in exchange for consideration?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(ii) had any direct or indirect interest in any transaction to which the Corporation was or is a party?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(iii) become indebted to pay money to the Corporation (other than travel advances or the like)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

(iv) received or become entitled to receive any personal benefits from the Corporation that in the aggregate could be valued in excess of \$100, that were not or will not be compensation directly related to your duties to the Corporation?

\_\_\_\_ YES                      \_\_\_\_ NO

(v) received compensation from an organization that is related to the Corporation through common supervision or control?

\_\_\_\_ YES                      \_\_\_\_ NO

If yes, please describe the proceeding(s) and if a Family Member or related entity is involved, the identity of the Family Member or related entity and your relationship with that person or entity:

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C. Do you have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Corporation?

\_\_\_\_ YES                      \_\_\_\_ NO

D. Did you receive compensation from any unrelated organization for services rendered to the Corporation?

\_\_\_\_ YES                      \_\_\_\_ NO

E. Are you aware of any other events, transactions or other situations that have occurred or may occur in the future that you believe should be examined by the Corporation in accordance with the terms and intent of its Conflict of Interest Policy?

\_\_\_\_ YES                      \_\_\_\_ NO

If yes to any of the above, please describe the situation(s) and if a Family Member or related entity is involved, the identity of the Family Member or related entity and your relationship with that person or entity:

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By signing this Conflict of Interest disclosure, I hereby confirm that:

- 1) I have received a copy of the Corporation's Conflict of Interest Policy,
- 2) I have read and understand the Corporation Conflict of Interest Policy
- 3) I agree to comply with the Corporation's Conflict of Interest Policy,
- 4) My responses to the above questions are complete and accurate to the best of my information and belief.
- 5) I understand that the Corporation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.
- 6) If I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with the Conflict of Interest Policy, I will notify an officer of the Board immediately.

**Signature.** \_\_\_\_\_

**Printed Name.** \_\_\_\_\_

**Date.** \_\_\_\_\_