



**U.S. MASTERS
SWIMMING**

U.S. MASTERS SWIMMING CONFLICT OF INTEREST POLICY & DISCLOSURE QUESTIONNAIRE

The standard of behavior for USMS is that all staff, volunteers, officers and board members shall maintain the highest level of integrity and ethical behavior and scrupulously avoid conflicts of interest between the interests of USMS on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as the appearance of conflicts of interest.

U.S. Masters Swimming Inc. (USMS), requires each member of the Board of Directors, committees of the Board, staff, certain standing committees identified by the Board of Directors to annually:

- 1) review USMS's Conflict of Interest Policy (the "Policy");
- 2) disclose any possible personal, familial, or business relationship that reasonably could give rise to a conflict of interest or the appearance of a conflict of interest as described in the Policy.

Additionally, candidates for elected offices shall acknowledge they will be required to comply with the Conflict of Interest policy in order to be slated on the ballot.

CONFLICT OF INTEREST POLICY

I understand that the purposes of this policy are to protect the integrity of USMS's decision-making process, to enable our members to have confidence in our integrity, and to protect the integrity and reputations of the organization, volunteers, staff, officers and board members. Before engaging in discussions and decision-making on behalf of USMS, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure, signed annually, will be kept on file with the National Office and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I may voluntarily recuse myself or be asked to recuse myself from voting or otherwise participating in the decision-making process. The decision-making body (Board of Directors, House of Delegates, Executive Committee, or other) in its sole discretion shall determine if any conflict or potential conflict of interest exists and the extent to which I shall be limited in my participation in discussion and/or voting.

The information provided on this form shall be available for inspection by members of the Board, the Audit Committee and the external auditors, but it shall otherwise be held in confidence except when, after consultation with the applicable member, the Board determines that USMS's best interest would be served by disclosure.

Please respond to the following requests/questions to the best of your knowledge. All items must include a response. If an item does not apply, please respond "None".

1. Please list all current corporations (including LMSCs and local swim programs), partnerships, associations, other non-profit or charitable organizations or any other organization of which you are an officer, director, trustee, partner, or employee, and describe your affiliation with such entity.

2. Please list any proposed business dealings (within the next 12 months) between USMS and you, your family members, domestic partner, other members of your household, and/or entities in which you have influence. Describe each such relationship listed and the actual and potential financial benefits as you can best estimate them.

3. Are you currently aware of any other relationships, arrangements, transactions, or matters which could create a conflict of interest or the appearance of conflict? If Yes, please describe.

4. Please list all business dealings that you, your family members, domestic partner, other members of your household, and/or entities in which you have had influence had with USMS in the past two years.

CONFLICT OF INTEREST POLICY ACKNOWLEDGMENT

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording. I have reviewed, and agree to abide by, the Conflict of Interest Policy of USMS that is currently in effect.

5. By answering "yes", I certify that I have completed the 2024 USMS Conflict of Interest Disclosure Questionnaire to the best of my knowledge.

Response

Yes

6. First and Last Name

7. Signature

8. Date (MM/DD/YYYY)

9. Email

NATIONAL INVOLVEMENT

1. Please Check All That Apply:

- Current Board of Directors

- Audit Committee

- Championship Committee

- Coaches Committee

- Compensation & Benefits Committee

- Elections Committee

- Finance Committee

- Governance Committee

- Investment Committee

- Long Distance Committee

- Staff

- USMS Contract Staff