

HOMER SENIOR CITIZENS, INC.
Conflict of Interest

Conflict of Interest Policy for Board Members, Officers, and Executives

Homer Senior Citizens, Inc. is a charitable organization whose board members and executives are chosen to serve the public purposes to which it is dedicated. These persons have a duty to conduct the affairs of the Corporation in a manner consistent with such purposes and not to advance their personal interests. This conflict of interest policy is intended to permit the Corporation and its board members, and executives to identify, evaluate, and address any real, potential, or apparent conflicts of interest that might, in fact or in appearance, call into question their actions on behalf of the Corporation.

1. Covered Persons

This policy applies to the board members and executives. Each Covered Person shall be required to acknowledge, not less than annually, that he or she has read and is in compliance with this policy.

2. Covered Transactions

This policy applies to transactions between the Corporation and a Covered Person, or between the Corporation and another party with which a Covered Person has a significant relationship, or between another party and the Covered Person if the transaction could reasonably be expected to impact the Corporation. A Covered Person is considered to have a significant relationship with another party if:

- a) the other party is a family member, including a spouse, parent, sibling, child, stepchild, grandparent, grandchild, great-grandchild, in-law, or domestic partner;
- b) the other party is an entity in which the Covered Person has a material financial interest. This includes entities in which the Covered Person and all individuals or entities having significant relationships with the Covered Person own, in the aggregate, more than 10 percent; or
- c) the Covered Person is an officer, director, trustee, partner, or employee of the other party.

A Covered Transaction also includes any other transaction in which there may be an actual or perceived conflict of interest, including any transaction in which the interests of a Covered Person may be seen as competing or at odds with the interests of the Corporation.

3. Disclosure, Refrain from Influence, and Recusal

When a Covered Person becomes aware of a proposed Covered Transaction, he or she has a duty to take the following actions:

- a) immediately disclose the existence and circumstances of such Covered Transaction to the Corporation's board in writing
- b) refrain from using his or her personal influence to encourage the Corporation to enter into the Covered Transaction
- c) physically excuse himself or herself from any discussions regarding the Covered Transaction except to answer questions, including board discussions and decisions on the subject

In order to assist the Corporation in identifying potential Covered Transactions, each Covered Person annually shall complete the Conflict of Interest Questionnaire attached to this policy and shall update such Questionnaire as necessary to reflect changes during the course of the year. Questionnaires shall be submitted to the Executive Director who shall be responsible for their custody. Completed Questionnaires shall be available for inspection by any board member or the Corporation's Legal Council if necessary.

4. Standard for Approval of Covered Transactions

The Corporation may enter into a Covered Transaction where the following conditions are met.

- a) such Transaction does not constitute an act of self dealing
- b) the board determines, acting without the participation or influence of the Covered Person and based on comparable market data, that such transaction is fair and reasonable to the Corporation. The board shall document the basis for this determination in the minutes of the meeting at which the Covered Transaction is considered.

5. Administration of Policy

This policy shall be administered by the board, which shall be responsible for the following:

- a) reviewing reports regarding the Conflict of Interest Questionnaires
- b) receiving disclosures of proposed Covered Transactions
- c) reviewing proposed Covered Transactions to determine whether they meet the above-described standard
- d) maintaining minutes, pledge of personal commitment, and such other documentation as may be necessary and appropriate to document its review of Covered Transactions
- e) reviewing the operation of this policy and making changes from time to time as it may deem appropriate

Adopted by the Board of Directors September 21, 2010

Conflict of Interest Questionnaire

Homer Senior Citizens, Inc. (HSC) requires each board member and executives annually:

1. to review the HSC's Conflict of Interest Policy (the "Policy");
2. to 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 in the Conflict of Interest Questionnaire; and
3. to acknowledge by his or her signature that he or she is acting in accordance with the letter and spirit of such Policy on the Pledge of Personal Commitment.

The information provided on this form shall be available for inspection by members of the Board, Executive Director and HSC's legal counsel, but shall otherwise be held in confidence except when, after consultation with the applicable signatory, the Board determines that HSC's best interest would be served by disclosure.

Please respond to the following questions to the best of your knowledge.

1. Please list all corporations, partnerships, associations or other organizations of which you are an officer, director, trustee, partner, or employee, and describe your affiliation with such entity.
2. Please list all corporations, partnerships, or other entities in which you have a material financial interest as defined in the Policy as entities in which Covered Persons and all individuals or entities having significant relationships with the Covered Person own, in the aggregate, more than 10%. Please also list the actual ownership percentage.
3. Please list any existing and/or proposed business dealings between HSC and you, your family members, and/or entities. Describe each such relationship listed and the actual and potential financial benefits as you can best estimate them.
4. Are you aware of any other relationships, arrangements, transactions, or matters which could create a conflict of interest or the appearance of conflict? If so, please describe.
5. Please list all business dealings that you, your family members, and/or entities have had with HSC in the past two years.

I have read the HSC Conflict of interest policy. I am currently, and agree to remain, in compliance with the Policy.

Entered into on this the _____ day of _____, 20__.

Member, Board of Directors
Homer Senior Citizens, Inc.