

South Peninsula Hospital, Inc.
Board of Directors
Conflict of Interest Questionnaire

Name: _____ Title: _____

Please circle one answer for each of the following questions:

1. Are you a voting member of the SPHI Board? ☐ Yes ☐ No
2. Were you or a family member² employed by SPH during the year ended December 31, 2022? ☐ Yes ☐ No
3. If you answered yes to question 2, did that compensation exceed \$10,000 during the organization's tax year? ☐ Yes ☐ No
4. Did you receive any expense reimbursements from SPHI during the year ended December 31, 2022? ☐ Yes ☐ No
5. If you answered "yes" to question 4, did total expense reimbursements exceed \$10,000 for the year ended ☐ Yes ☐ No
6. Were you an officer or employee of any *related organization*¹ during the year ended ☐ Yes ☐ No
7. If you answered "yes" to question 6, please list the related organization(s) here:

8. Were you or a *family member* involved in any *direct or indirect transactions*³ with SPHI during the organization's tax year? ☐ Yes ☐ No
9. If you answered "yes" to question 8, please describe the transactions below:

10. Are you aware of any conflicts of interest or the appearance of any conflicts of interest? ☐ Yes ☐ No
11. If you answered "yes" to question 10, please describe the conflict below:

¹ *Related organizations* are organizations that stand in a parent/subsidiary relationship, brother/sister relationship, or supporting/supported organization relationship.

² *Family members* include spouse; brother or sister (by whole or half-blood); spouses of brothers or sisters (by whole or half-blood); ancestors, children (including legally adopted); grandchildren, great grandchildren, and spouses of children, grandchildren and great grandchildren.

³ *Direct or indirect transactions* which are reportable on Form 990, Schedule L includes loans, *excess benefit transactions*⁴, grants assistance or business transactions

⁴ *Excess benefit transactions* are those in which remuneration to an individual or business exceeds the value of the services provided.

Signature _____

Date _____

Conflict of Interest Definitions

1. OUTSIDE INTERESTS

- To hold directly or indirectly, a position or a material financial interest in any outside concern from which the individual has reason to believe the hospital secures goods or services (including the services of buying or selling stocks, bonds, or other securities) or that provides services competitive with the hospital.
- To compete, directly or indirectly, with the hospital in the purchase or sale of property or property rights, interests or services.

2. INVESTMENTS

- With respect to yourself or your immediate family, all investments, other than publicly traded securities, that might be within the category of “a material financial interest”.

3. OUTSIDE ACTIVITIES


- To render directive, managerial, or consultative services to any outside concern that does business with, or competes with, the services of the hospital or to render other services in competition with the hospital.

4. GIFTS, GRATUITIES AND ENTERTAINMENT

- To accept gifts, excessive entertainment, or other favors from any outside concern that does, or is seeking to do, business with, or is a competitor of, the hospital – under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of his/her duties. This does not include the acceptance of items of nominal or minor value that are clearly tokens of respect or friendship and not related to any particular transaction or activity of the hospital.

5. INSIDE INFORMATION

- Using or disclosing information relating to the hospital’s business for personal profit or advantage of the individual or his immediate family. Full disclosure of any situation in doubt should be made so as to permit an impartial and objective determination. It should be particularly noted that disclosure relates not only to yourself but also to your immediate family.

 South Peninsula Hospital	SUBJECT: Conflict of Interest	POLICY #: SM-01
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Scope: Board of Directors Approved by: Board of Directors		Original Date: 9/24/03 Effective: 8/25/21
Revised: 5/28/08; 11/16/11; 3/4/19; 8/25/21 Reviewed: N/A		Revision Responsibility: Board of Directors

PURPOSE:

Compliance requirements for Board members to report potential or actual conflicts of interest.

DEFINITION(S):

N/A

POLICY:

- A. Board service carries with it a requirement of loyalty and fidelity to the hospital. It is the responsibility of the members of the board to govern the hospital's affairs honestly and economically, exercising their best care, skill, and judgment for the benefit of the hospital.
- B. Any duality of interest or possible conflict of interest can best be handled through full disclosure of such interest, together with abstention from any vote where the interest is involved.

PROCEDURE:

1. The board has identified potential conflict of interest situations in the "Conflict of Interest Questionnaire." Candidates for appointment shall complete the questionnaire prior to appointment. Responses to the questionnaire will be considered by the board when evaluating candidates.
2. Any duality of interest or possible conflict of interest on the part of board members will be disclosed to the other members of the board and made a matter of record, annually or when the interest becomes a matter of board action. Members will file a Conflict of Interest Questionnaire at the Annual Meeting each January.
3. Any board member having a duality of interest or possible conflict of interest on any matter will not vote or use his/her personal influence on the matter. He/she will not be counted in determining the quorum for the vote and must leave the room prior to the vote. The minutes of the meeting will reflect that a disclosure was made, the abstention from voting, and the quorum situation.
4. The foregoing requirements will not be construed as preventing the board member from stating his/her position in the matter, nor from answering pertinent questions of other board members, since his/her knowledge may be of assistance.

ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

1. IRS Form 990

CONTRIBUTORS:

Governance Committee, Board of Directors