

## **Mississippi Coast Special Needs Soccer Association**

### **CONFLICT OF INTEREST POLICY**

#### **SECTION 1. PURPOSE:**

Mississippi Coast Special Needs Soccer Association is a nonprofit, tax-exempt organization. Maintenance of its tax-exempt status is important both for its continued financial stability and for public support. Therefore, the IRS as well as state regulatory and tax officials view the operations of Mississippi Coast Special Needs Soccer Association as a public trust, which is subject to scrutiny by and accountable to such governmental authorities as well as to members of the public.

Consequently, there exists between Mississippi Coast Special Needs Soccer Association and its board, officers, and management employees and the public a fiduciary duty, which carries with it a broad and unbending duty of loyalty and fidelity. The board, officers, and management employees have the responsibility of administering the affairs of Mississippi Coast Special Needs Soccer Association honestly and prudently, and of exercising their best care, skill, and judgment for the sole benefit of Mississippi Coast Special Needs Soccer Association. Those persons shall exercise the utmost good faith in all transactions involved in their duties, and they shall not use their positions with Mississippi Coast Special Needs Soccer Association or knowledge gained therefrom for their personal benefit. The interests of the organization must be the first priority in all decisions and actions.

#### **SECTION 2. PERSONS CONCERNED:**

This statement is directed not only to directors and officers, but also to all employees who can influence the actions of Mississippi Coast Special Needs Soccer Association. For example, this would include all who make purchasing decisions, all persons who might be described as "management personnel," and anyone who has proprietary information concerning Mississippi Coast Special Needs Soccer Association.

#### **SECTION 3. AREAS IN, WHICH CONFLICT MAY ARISE:**

Conflicts of interest may arise in the relations of directors, officers, and management employees with any of the following third parties:

1. Persons and firms supplying goods and services to Mississippi Coast Special Needs Soccer Association.
2. Persons and firms from whom Mississippi Coast Special Needs Soccer Association leases property and equipment.
3. Persons and firms with whom Mississippi Coast Special Needs Soccer Association is dealing or planning to deal in connection with the gift, purchase or sale of real estate, securities, or other property.
4. Competing or affinity organizations.

5. Donors and others supporting Mississippi Coast Special Needs Soccer Association.
6. Agencies, organizations, and associations, which affect the operations of Mississippi Coast Special Needs Soccer Association.
7. Family members, friends, and other employees.

#### **SECTION 4. NATURE OF CONFLICTING INTEREST:**

A conflicting interest may be defined as an interest, direct or indirect, with any persons or firms mentioned in Section 3. Such an interest might arise through:

1. Owning stock or holding debt or other proprietary interests in any third party dealing with Mississippi Coast Special Needs Soccer Association.
2. Holding office, serving on the board, participating in management, or being otherwise employed (or formerly employed) with any third party dealing with Mississippi Coast Special Needs Soccer Association.
3. Receiving remuneration for services with respect to individual transactions involving Mississippi Coast Special Needs Soccer Association.
4. Using Mississippi Coast Special Needs Soccer Association's time, personnel, equipment, supplies, or good will for other than Mississippi Coast Special Needs Soccer Association-approved activities, programs, and purposes.
5. Receiving personal gifts or loans from third parties dealing or competing with Mississippi Coast Special Needs Soccer Association. Receipt of any gift is disapproved except gifts of a value less than \$50, which could not be refused without discourtesy. No personal gift of money should ever be accepted.

#### **SECTION 5. INTERPRETATION OF THIS STATEMENT OF POLICY:**

The areas of conflicting interest listed in Section 3, and the relations in those areas which may give rise to conflict, as listed in Section 4, are not exhaustive. Conflicts might arise in other areas or through other relations. It is assumed that the directors, officers, and management employees will recognize such areas and relation by analogy.

The fact that one of the interests described in Section 4 exists does not necessarily mean that a conflict exists, or that the conflict, if it exists, is material enough to be of practical importance, or if material, that upon full disclosure of all relevant facts and circumstances it is necessarily adverse to the interests of Mississippi Coast Special Needs Soccer Association.

However, it is the policy of the board that the existence of any of the interests described in Section 4 shall be disclosed before any transaction is consummated. It shall be the continuing responsibility of the board, officers, and management employees to scrutinize their transactions and outside business interests and relationships for potential conflicts and to immediately make such disclosures.

## **SECTION 6. DISCLOSURE POLICY AND PROCEDURE:**

Transactions with parties with whom a conflicting interest exists may be undertaken only if all of the following are observed:

1. The conflicting interest is fully disclosed;
2. The person with the conflict of interest is excluded from the discussion and approval of such transaction;
3. A competitive bid or comparable valuation exists; and
4. The [board or a duly constituted committee thereof] has determined that the transaction is in the best interest of the organization.

Disclosure in the organization should be made to the chief executive officer (or if she or he is the one with the conflict, then to the board chair), who shall bring the matter to the attention of the [board or a duly constituted committee thereof]. Disclosure involving directors should be made to the board chair, (or if she or he is the one with the conflict, then to the board vice-chair) who shall bring these matters to the [board or a duly constituted committee thereof]. The [board or a duly constituted committee thereof] shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to Mississippi Coast Special Needs Soccer Association. The decision of the [board or a duly constituted committee thereof] on these matters will rest in their sole discretion, and their concern must be the welfare of Mississippi Coast Special Needs Soccer Association and the advancement of its purpose.

Mississippi Coast Special Needs Soccer Association

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

Preliminary note: In order to be more comprehensive, this statement of disclosure/questionnaire also requires you to provide information with respect to certain parties that are related to you. These persons are termed “affiliated persons” and include the following:

- a. Your spouse, domestic partner, child, mother, father, brother or sister;
- b. Any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
- c. Any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. NAME OF EMPLOYEE OR BOARD MEMBER: (Please print)

---

2. CAPACITY: \_\_\_\_\_ board of directors  
\_\_\_\_\_ Executive committee  
\_\_\_\_\_ Officer  
\_\_\_\_\_ Committee member  
\_\_\_\_\_ Staff (position): \_\_\_\_\_

3. Have you or any of your affiliated persons provided services or property to Mississippi Coast Special Needs Soccer Association in the past year?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe the nature of the services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

---

---

4. Have you or any of your affiliated persons purchased services or property from Mississippi Coast Special Needs Soccer Association in the past year?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

---

---

---

---

5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which Mississippi Coast Special Needs Soccer Association was or is a party?

YES  NO

If yes, describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

---

---

---

---

6. Were you or any of your affiliated persons indebted to pay money to Mississippi Coast Special Needs Soccer Association at any time in the past year (other than travel advances or the like)?

YES  NO

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

---

---

---

---

7. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from Mississippi Coast Special Needs Soccer Association or as a result of your relationship with Mississippi Coast Special Needs Soccer Association, that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to Mississippi Coast Special Needs Soccer Association?

YES  NO

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

---

---

---

---

8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving Mississippi Coast Special Needs Soccer Association?

YES  NO

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

---

---

---

9. Are you aware of any other events; transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by Mississippi Coast Special Needs Soccer Association's [board or a duly constituted committee thereof] in accordance with the terms and intent of Mississippi Coast Special Needs Soccer Association's conflict of interest policy?

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

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

---

---

---

I HERBY CONFIRM that I have read and understand Mississippi Coast Special Needs Soccer Association's conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify [designated officer or director] immediately.

---

Signature Date