

**Director and Officer
Annual Conflict of Interest Statement**

1. Name: MAUREEN K. ROBINSON Date: 4/21/17

2. Position:

Are you a voting Board member? ☒ Yes ☐ No

Are you an Officer? Yes ☒ No

If you are an Officer, which Officer position do you hold:

3. I affirm the following:

I have received a copy of the TMG Conflict of Interest Policy. MKR (initial)

I have read and understand the policy. MKR (initial)

I agree to comply with the policy. MKR (initial)

I understand that TMG is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. MKR (initial)

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with TMG? Yes ☒ No

i. If yes, please describe it: _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with TMG? Yes ☒ No

i. If yes, please describe it, including when (approximately): _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

5. Are you an independent board member, as defined in the Conflict of Interest policy? ☒ Yes ☐ No

a. If you are not independent, why? _____

Maureen K. Robin
Signature of board member

Date: 4/21/17

Date of Review by Executive Committee: _____