

ANNUAL CONFLICT OF INTEREST DECLARATION FORM

FOR

DIRECTORS, OFFICERS, AND EMPLOYEES

OF

THE CLAREMONT COLLEGES, INC. (TCC)

Pursuant to the resolution requiring disclosure of certain interests, adopted by the Board of Directors, a copy of which has been furnished to me, and pursuant to the laws of the State of California, I hereby answer the following questions to the best of my knowledge and submit the following information to The Claremont Colleges Board of Directors.

1. Have you, or any relative, received compensation from the TCC for services rendered as a full- or part-time employee, independent contractor, or otherwise during the period July 1, 2017 through June 30, 2018 or do you anticipate that you or any relative will have received such compensation subsequent to June 30, 2019?

Yes No

If "yes," please state the compensation received or to be received by you or the relative and his or her relationship to you and describe the services rendered.

2. Have you, any relative, or any entity in which you or any relative has a direct or indirect material interest or a position as a director or employee entered into a transaction with the TCC during the period, July 1, 2017 through June 30, 2018 or do you anticipate that you, any relative, or such an entity will have entered into such a transaction subsequent to June 30, 2019 (*Responds to 990 question: Part IV, 28a-c*)

Yes No

If "yes," describe the transaction, who was or will be involved, and your interest in any entity so involved.

3. Identify any other activities of which you are aware, in which you or your relatives who are within the category described in the accompanying TCC Policy on Conflict of Interest are engaged, and which could possibly be regarded as representing a conflict of interest.

4. Do you have or did you have in the year July 1, 2017 through June 30, 2018, a family relationship or business relationship with any director, officer, or employee of the TCC? (*Responds to 990*)

Question: Part VI, 2)

Yes No

If "yes," please describe the relationship.

I have read and understand The Claremont Colleges Conflict of Interest Policy and agree to comply with it. I also understand that TCC is charitable and that in order to maintain its Federal and California tax- exempt status, it must engage primarily in activities which qualify it for tax exemption.

I hereby agree to report to the Board of Directors of TCC any other possible conflict of interest situation that might develop before completion of my next annual Declaration.

I execute this declaration at _____, on this _____ day of _____ (month), 2019.
(City, State)

Signature (if returning print copy via fax or mail)

Type or Print Name

Please return by mail to: Secretary to the Board
Executive Office
The Claremont Colleges, Inc.
101 South Mills Avenue
Claremont, California 91711-5053

OR e-mail to: elfriedew@claremont.edu

Or fax to: (909) 621-8517