

EDYTH BUSH CHARITABLE FOUNDATION, INC.

Disclosure Statement

Affiliations of Directors, Officers and
Their Family Members with Other Organizations
or Businesses Having Contact with, or Likely
to Have Contact with, This Foundation.

FYE _____

Filed By: _____
(Name of Officer or Director) (Title)

Address: _____
(Address where you may be contacted during normal
business hours for IRS Form 990-PF, a public document)

(City) (State) (Zip Code)

Phone: _____
(Business phone) (Area Code)

Time you devote to
Foundation position: _____
(Hours per week, month, year, etc.)

DISCLOSURE STATEMENTS (To be available to other Directors, Officers and, where appropriate or required, to the Public):

1. List below all memberships on policy boards, or in policy positions of employment, representation, agency, or officership by you, your spouse, or by members of your immediate family -- children, brothers or sisters, parents whether or not living with you -- in organizations or activities (profit or non-profit) which have financial or actual or anticipated grant relations with this Foundation (include direct or indirect relationships, including employment or investments, which might impair your independence of judgment in the exercise of duties or of judgement relating to the Foundation or its affairs, or create problems of cross-loyalties or trust). (Excluded by our resolution are relationships covered by attorney-client or physician-patient privileges):

<u>Organization Name,</u> <u>Location</u>	<u>Position</u>	<u>You, or Spouse, or Family</u> <u>Member?</u>
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Disclosure Statement

Name

2. List below all employment, part-time employment, or paid remuneration for services or consultation of yours or of members of your family which might impair your independent judgment in the exercise of duties for the Foundation. Do any of these relationships create the appearance of conflict of interest even though none may exist? If so, list them. (Excluded by our resolution are employments or consultations covered by the attorney-client or physician-patient privileges):

Organization or
Employer or Principal

Time Spent &
Compensation, if Any?

You, Your Spouse or
Family Member?

Disclosure Statement

Name

3. List below all personal investments of monetary value or of to-be-compensated time (as a promoter, etc.) in enterprises for profit (stock, bonds, notes, opens accounts, partnership interests, etc.) in organizations or with individuals who you may have reason to believe may be directly involved in decisions to be made by you relevant to Foundation affairs (Include only items which might have a Foundation connection). (Your spouse's interest need not be included unless you manage your spouse's affairs and there is some Foundation connection):

Investment, Trust,
Partnership, Proprietorship or
Organization

Shares, Dollar
& Percent
Interest, or
Face Value

What Connection to
Foundation

Dated _____

Signed _____
SSN _____