

Part I – Conflicts of Interest

Name:

Carla R Sapp

Position (e.g., employee/volunteer/director):

Board of Director

Date:

Feb 27, 2025

Note that the words in **bold** are defined in the appendix attached to the back of this questionnaire.

Certification

By signing this form below, I certify that:

1. I have received a copy of the organization's conflicts of interest policy;
2. I have read and understand the policy;
3. I agree to comply with the policy;
4. I agree to report promptly any changes in the information reported on this form, or any new information relevant to a conflict of interest; and
5. I understand that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its exempt purposes and not engage in activities and transactions that provide impermissible benefits to individuals or entities.

Conflict of Interest Disclosure

¹ *The following is a sample document for nonprofit organizations incorporated in the District of Columbia only. It is intended only for corporations seeking to qualify as a tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. This sample is provided only for informational purposes and does not provide specific legal advice for any individual situation. Some or all of this document may not be appropriate for your organization. The sample also reflects the provisions of the Internal Revenue Code and the laws of the District of Columbia as of the date it is written. However, laws change. Only an attorney with knowledge of your particular situation can provide the legal assistance you need.*

Please certify below that you either have nothing to report under the **Organization's** conflicts of interest policy, or describe below anything you believe could give rise to an actual or possible conflict of interest under the policy:

☐ I have nothing to report.

☒ I have the following matters to report.

1. Please specify below any matters you have to report.

Don Sapp Indian Hammock employee - Husband
Danny Braver Indian Hammock employee - Brother

(Please attach a supplemental statement if you have additional matters to disclose.)

2. For the purposes of determining possible future conflicts of interest, please specify other nonprofit and for-profit boards on which you and/or your spouse sit, any for-profit businesses for which you or a **family member** is an officer, a director, or a majority shareholder, and the name of your employer and any businesses you or a **family member** own).

1. _____

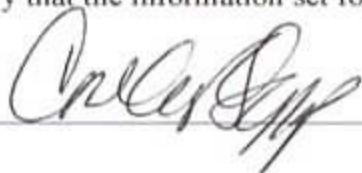
2. _____

3. _____

(Please attach a supplemental statement if you have additional actual or possible conflicts of interest to disclose.)

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature:



Date:

2-27-2025