

## USA SWIMMING CONFLICT OF INTEREST DISCLOSURE STATEMENT

I, DALE NEUBURGER, am a member of USA Swimming and serve in the following role(s):

- ☒ Board of Directors
- ☐ Officer
- ☒ Committee(s) (please specify below)

INTERNATIONAL RELATIONS

- ☐ Employee

And I attest to the following:

- ☒ I have received the USA Swimming Statement of Principles on Ethical Behavior and Conflict of Interest (the "Policy").
- ☒ I have read and understand the Policy.
- ☒ I agree to comply with the Policy.
- ☒ I understand that USA Swimming is a charitable organization and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

*Note: This disclosure statement also requires you to provide information with respect to certain other 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. Have you or any of your affiliated persons provided services (other than board/committee/employment service) or property to USA Swimming 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:

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2. Have you or any of your affiliated persons purchased services or property from USA Swimming 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:

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3. 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 USA Swimming was or is a party.

YES

☒ NO

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

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4. Were you or any of your affiliated persons indebted to pay money to USA Swimming 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:

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5. 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 USA Swimming or as a result of your relationship with USA Swimming, 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 USA Swimming?

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:

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6. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving USA Swimming?

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:

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7. 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 USA Swimming's board in accordance with the terms and intent of USA Swimming's conflict of interest policy?

YES

NO

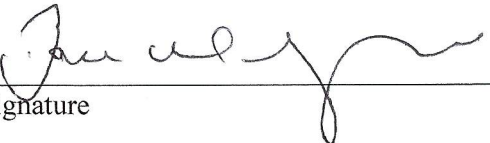
If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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I HERBY CONFIRM 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 the board or committee Chairperson or General Counsel (as applicable) immediately.

  
Signature

12 JANUARY 2016  
Date