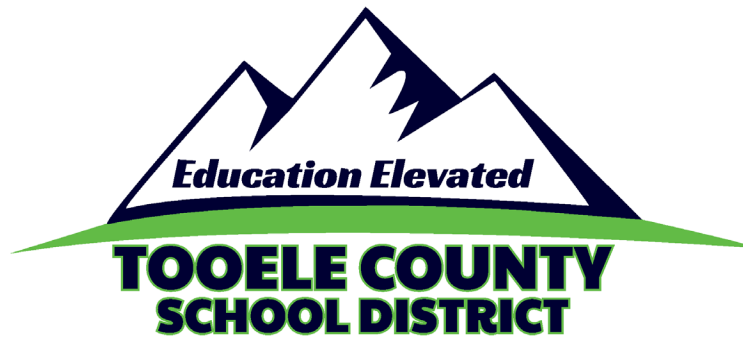




Board of Education Member Conflict of Interest Disclosure

(If additional space or entries are required for any required disclosure item, attach additional pages containing the required information and identifying the disclosure item the information relates to. If additional pages are attached, please check this space: _____.)

Name: Scott Bryan

Name of Board member's spouse (if any): Rhonda Bryan

Name of each adult residing in Board member's household but not related by
household but not related by blood or marriage (if any): _____

N/A

Employment

Board member's current employer(s)

Name of employer: Intermountain Healthcare

Address of employer: 7302 S. Bingham Junction Blvd, Midvale, UT 84047

Description of Board member's employment with employer: _____

Director of Distribution Logistics

Board member's job title with employer: Director of Distribution Logistics

Board member's occupation with employer: Director of Distribution Logistics

Name of employer: N/A

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Board member's employer(s) during the past year

(List any employers during the past year not listed above.)

Name of employer: N/A

Address of employer: _____

Description of Board member's employment with employer: _____

Board member's job title with employer: _____

Board member's occupation with employer: _____

Entities

Affiliated entities

(List each entity of which the Board member is currently or in the prior year was an owner or officer)

Name of entity: N/A

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Board member's position in the entity: _____

Description of the type of business or activity conducted by the entity: _____

Investment interests

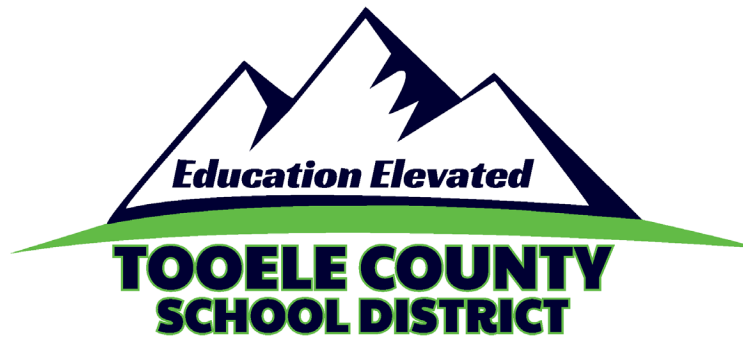
(List any entity in which the Board member holds stocks or bonds with a fair market value equal to or greater than \$5,000, valued either at present or within the prior year. This excludes funds managed by a third party, such as blind trusts, managed investment accounts and mutual funds.)

Name of entity: N/A

Description of the type of business or activity conducted by the entity: _____

Name of entity: _____

Description of the type of business or activity conducted by the entity: _____



Other income

(List each individual or entity from whom the Board member received \$5,000 or more in income during the preceding year. Note that if the Board member provides goods or services to multiple customers or clients as part of a business and licensed profession, the Board member is only required to provide this information in relation to the entity or practice through which the Board member provides the goods and services and is not required to provide information about the Board member's individual customers or clients.)

Name of individual or entity: N/A

Description of the type of business or activity conducted by the individual or entity: _____

Name of individual or entity: _____

Description of the type of business or activity conducted by the individual or entity: _____

Entity leadership positions

(List each entity not listed above for which the Board member is currently or in the prior year was either in a paid leadership capacity or in a paid or unpaid position on a board of directors)

Name of entity or organization: N/A

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Name of entity or organization: N/A

Board member's position with the entity or organization: _____

Description of the type of business or activity conducted by the entity: _____

Spouse Employment

Current employer(s) of spouse

Name of spouse employer: N/A

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Name of spouse employer: _____

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Spouse employer(s) during the past year

(List any employers of the Board member's spouse during the past year not listed above.)

Name of spouse employer: N/A

Address of spouse employer: _____

Description of spouse's employment with employer: _____

Spouse's job title with employer: _____

Spouse's occupation with employer: _____

Affiliated Adult Employment

(Complete for each adult residing in Board member's household but not related by blood or marriage)

Affiliated adult's name: N/A

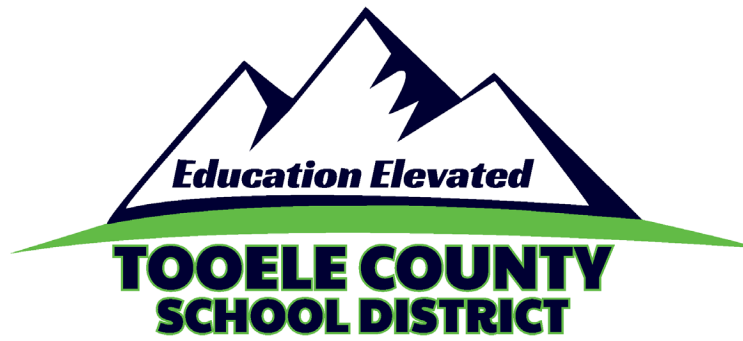
Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____

Affiliated adult's name: _____

Affiliated adult's occupation: _____

Description of affiliated adult's employment: _____



Optional Disclosures

If desired, describe any real property in which the Board member holds an ownership or other financial interest that the Board member believes may constitute a conflict of interest:

Description of real property: N/A

Description of the type of interest held by the Board member: _____

If desired, describe any other matter or interest that the Board member believes may constitute a conflict of interest:

Description of matter or interest: N/A

Description of matter or interest: N/A

I believe that the information provided with this disclosure statement is true and accurate to the best of my knowledge.

Date Disclosure Completed 1/9/25

Board Member Signature: Scott Bryan