Purpose of Policy

The purpose of this policy is to promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct, and reporting of research performed under contracts with the Public Health Service (“PHS”), of the U.S. Department of Health and Human Services, will be free from bias resulting from investigator financial conflicts of interest. For purposes of this policy, Acacia is an Institution as defined in 45 CFR Part 94 and 42 CFR Part 50, Subpart F. The policy applies to all Acacia employees, consultants, contractors and interns who, on behalf of Acacia, submit a proposal, or that receive, research funding by means of a contract with the agencies referenced above, or is planning to participate in, or is participating in such research.

The filing of the Conflicts of Interest in Federally Funded Research Disclosure Statement and Affirmation pursuant to this policy does not satisfy the filing requirements of Acacia’s Policy #11, Employee Conflicts of Interest. Employees and any other individuals subject to Policy #11 must also separately file a Disclosure Statement as may be required by that or any other Acacia policy.

Statement of Policy

In accordance with federal regulations regarding financial conflicts of interest in research, Acacia requires disclosure of significant financial interest by its employees, contractors, consultants and interns whose research is funded by PHS. As such, Acacia hereby adopts, in its entirety and by reference, the financial conflict of interest policy and process set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought” as amended in 2011, attached as Exhibit A to this policy and found on-line at http://grants.nih.gov/grants/policy/coi/ and www.ecfr.gov.

Reporting and Disclosure Requirements

In order for Acacia to monitor potential financial conflicts of interest, all individuals subject to this policy shall submit a Disclosure of Significant Financial Interests Statement and Affirmation (“Disclosure Statement”) prior to receipt of any funds. In addition, all such individuals shall submit an updated Disclosure Statement annually and within thirty days of discovering or acquiring a new significant financial interest. All such Disclosures shall be submitted to the Director of Legal Affairs and Compliance Officer.
All individuals subject to this policy shall fully cooperate with Acacia staff in the management and reporting of any financial conflict of interest.

**Enforcement of Policy**

Any employees, contractors, consultants or interns who do not comply with this policy will be subject to disciplinary action by Acacia depending on the facts and circumstances of each case and in compliance with any applicable collective bargaining agreements, Acacia may reprimand, suspend or dismiss any employee, contractor, consultant or intern who fails to comply with this policy. Acacia has collective bargaining agreements with the following unions: 1199SEIU United Healthcare Workers East; DC1707 of AFSCME-AFL-CIO; District 6 – PWDD Workers.

**Policy History**

Issued By: David P. Glasel, Esq., Director of Legal Affairs, Chief Legal Officer

Date Issued: 1/16/15
ACACIA NETWORK, INC.

Disclosure of Significant Financial Interests Statement and Affirmation

Name: ___________________________
Position: _________________________

This Disclosure Statement is delivered in connection with the Conflicts of Interest in Federally Funded Research Policy of Acacia as currently in effect. Capitalized terms used, but not defined herein, shall have the same meaning herein as such policy.

1. Please list the name of all entities (publicly traded or not, for-profit and not-for-profit) in which you, your spouse and dependent children, have a Substantial Financial Interest.

<table>
<thead>
<tr>
<th>Name of Business Entity</th>
<th>Nature of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>____________________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Attach Additional Sheets if Necessary

2. Please list any Intellectual property rights and interests (e.g., patents, copyrights) that you, your spouse and your dependent children possess.

| ________________________|____________________|
| ________________________|____________________|
| ________________________|____________________|
| ________________________|____________________|

Attach Additional Sheets if Necessary

3. Please list any reimbursed or sponsored travel, related to your Acacia responsibilities. Do not list travel reimbursed or sponsored by a federal, state and local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education. If travel expenses were not reimbursed directly to you, estimate value of travel and indicate how estimate was calculated.

Sponsor/Organizer ___________________________
Dates of travel and Destination ___________________________
Purpose of Travel ___________________________
Monetary Value of Travel ___________________________
Sponsor/Organizer ___________________________________________________________
Dates of travel and Destination _________________________________________________
Purpose of Travel ____________________________________________________________
Monetary Value of Travel _____________________________________________________

Attach Additional Sheets if Necessary

AFFIRMATION: I hereby affirm that (i) I have received a copy of Acacia’s Conflicts of Interest in Federally Funded Research Policy, (ii) I have read and understand such policy, (iii) I have agreed to comply with such policy and (iv) the information contained herein is, to the best of my knowledge, accurate and complete.

_________________________________
Signature

_________________________________
Date