Exhibit B

Group II Conflict of Interest Disclosure Statement

ALL ANSWERS ARE TO BE GIVEN TO THE BEST OF YOUR INFORMATION AND BELIEF.

THE NEW YORK STATE SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS (“NYSSCPA”), THE FOUNDATION FOR ACCOUNTING EDUCATION, INC. (“FAE”), THE NYSSCPA CPAPAC, INC. (“PAC) AND ANY AFFILIATED COMPANY ARE INDIVIDUALLY AND COLLECTIVELY REFERRED TO HERE AS THE “SOCIETY”. Note: Defined terms have the meaning given them in the Policy.

I am submitting this disclosure statement to comply with the NYSSCPA Conflict of Interest Policy (the “Policy”). I recognize that am completing this form disclosing Conflicts of Interest and potential Conflicts of Interest that I have AND ALSO Conflicts of Interest and potential Conflicts of Interest that arise by virtue of “Related Parties” and “Affiliated Organizations” as such terms are defined in the Policy.

I am completing this disclosure statement to qualify for service as (check all applicable)

- [ ] NYSSCPA Board
- [ ] FAE Board
- [ ] PAC Board
- [ ] Audit Committee
- [ ] NYSSCPA or FAE Finance Committee
- [ ] FAE Scholarship Committee
- [ ] NYSSCPA or FAE Investment Committee
- [ ] FAE Curriculum Committee
- [ ] Volunteer check signer
- [ ] Employee
- [ ] Other, specify:

_________________________________________

1. I declare that I have read and will abide by the NYSSCPA Conflict of Interest Policy (Approved by the NYSSCPA on October 2, 2003 and by FAE on November 17, 2003).

2. NAME (please print) ____________________________________________
3. Have you or any Related Parties or Affiliated Organizations provided compensated services or property to Society in the past year?

   _____YES   _____NO

   If yes, please describe the nature of the services or property:

4. With the exception of NYSSCPA membership and FAE courses at which you or a Related Party have been a paid attendee, have you or any Related Parties or Affiliated Organizations purchased services or property from the Society in the past year?

   _____YES   _____NO

   If yes, please describe the purchased services or property:

5. Please indicate whether you or any Related Parties or Affiliated Organizations had, have, or will have any direct or indirect interest in any business transaction(s) in the past year to which the Society was or is a party?

   _____YES   _____NO

   If yes, describe the transaction(s):

6. With the exceptions of your NYSSCPA membership dues, FAE courses for which you or a Related Party have registered and travel advances, were you or any Related Parties or Affiliated Organizations indebted to pay money to the Society at any time in the past year?

   _____YES   _____NO

   If yes, please describe the indebtedness:
7. Other than travel reimbursements, in the past year, did you or any Related Parties or Affiliated Organizations receive, or become entitled to receive, directly or indirectly, any personal benefits from, or as a result of your relationship with, the Society that in the aggregate could be valued in excess of $1,000?

   _____ YES   _____ NO

   If yes, please describe the benefit:

8. Are you or any Related Parties or Affiliated Organizations a party to, or have an interest in, any pending legal proceedings involving the Society?

   _____ YES   _____ NO

   If yes, please describe the proceeding(s):

9. Are you aware of any other events, transactions, arrangements or other situations that you believe should be examined by the NYSSCPA President or other Presiding Officer in accordance with the terms and intent of the Policy?

   _____ YES   _____ NO

   If yes, please describe the situation(s):

I HEREBY CONFIRM that I have read and understand the Policy and that, to the best of my information and belief, my responses to the above questions are complete and correct.

_________________________________  _____________________________
Signature       Date