

FRIENDS FOUNDATION FOR THE AGING

Trustee/Officer/Staff Disclosure Statement

I am a trustee, officer and/or staff member of Friends Foundation for the Aging (the “corporation”) and this will serve to confirm that I:

- A. have received a copy of the corporation’s Conflicts of Interest Policy;
- B. have read and understand the Policy;
- C. have agreed to comply with the Policy;
- D. have disclosed below all known conflicts of interest in accordance with the Policy; and
- E. understand that the corporation is a charitable and tax-exempt organization, and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Date: _____

Signature

Print name

Print title(s)