

**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.

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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print title(s)