Friends of Five Rivers Directors & Officers
ANNUAL CONFLICT OF INTEREST STATEMENT - 2026

Name: Thomas C. Giarla

Position:

Are you a voting Director? x Yes ____ No

Are you an Officer? ____ Yes x No

If you are an Officer, which Officer position do you hold:

____ President ____ Vice President

____ Treasurer ____ Secretary

I affirm the following: (Initial each line)

I have received, read and understand the current FFR Bylaws. x

I have received, read and understand the FFR Conflict of Interest Policy. x

I agree to comply with the Bylaws & Conflict of Interest Policy. x

I understand FFR is a charitable nonprofit corporation and to maintain is charitable status with New York State and its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes as stated in the FFR incorporation and Bylaws. x

Disclosures:

1. Have you had a direct or indirect business relationship during the past fiscal year or current year with FFR, through ownership of more than 35%, with any person who is current or former officer, director, trustee or key employee of FFR? ____ Yes x No

    a. If yes, please describe it: _____

    _____

    b. If yes, has the financial interest been disclosed, as provided in the Conflict-of-Interest Policy? ____ Yes ____ No

2. Do you have a family member who has or had a direct or indirect business relationship with FFR during the past fiscal year or current year? ____ Yes x No

    a. If yes, please describe it: _____

    _____

    b. If yes, has the financial interest been disclosed, as provided in the Conflict-of-Interest Policy? ____ Yes ____ No

3. Did you serve as an officer, director, trustee, key person, partner, or member of an entity (or a shareholder of a professional corporation) that did business or competes with FFR (for grant funds or other funding) during the past fiscal year, is currently or may be doing business in the current fiscal year? ____ Yes __x__ No

    a. If yes, please describe it, including when (approximately): _____
    _____
    _____

    b. If yes, has the interest been disclosed, as provided in the Conflict-of-Interest Policy?
    ____ Yes ____ No

    c. Are you an independent director, as defined in the Conflict-of-Interest Policy?
    ____ Yes ____ No

    If you are not independent, please explain why: _____
    _____
    _____

4. Did you during the past fiscal year, have currently or anticipate having conflicts as defined in the bylaws or the FFR Conflict of Interest Policy that has not been previously disclosed herein?
    ____ Yes __x__ No

    If yes, please describe: _____
    _____

The IRS Form 990 Requires the Friends of Five Rivers to publicly disclose much of the information below.

~Certification~

I, the undersigned, certify that I have read and understand the bylaws, conflict of interest policy, and the Code of Ethical Conduct of the Friends of Five Rivers. I agree that my actions will fully comply with the statements and interest of these documents. I affirm that neither I, nor any member of my family or household, has had an interest or taken any action which counters the Conflict-of-Interest policy of the organization or impedes my ability to act as a fiduciary and in the best interests of the corporation, except potentially those interests or actions as stated and fully disclosed below.

Other Disclosure of Conflicts of Interests - Nature of Conflict(s): _____
_____
_____

Board Member Name (Print): Thomas C. Giarla

Board Member Position: Board Member

Board Member Signature: 

Date: 9/22/26