

MSM BOARD OF TRUSTEES CONFLICT OF INTEREST DISCLOSURE STATEMENT

In their capacity as trustees, the members of the Board of Trustees (the "Board") of Morehouse School of Medicine ("MSM") must act at all times in the best interests of MSM and not in a way that advances their personal interests. The purpose of MSM's Individual and Institutional Conflict of Interest Policies is to help inform the Board about what constitutes a conflict of interest, assist MSM and the Board in identifying, evaluating, and addressing any real, potential, or apparent conflicts of interest that might, in fact or in appearance, call into question their duty of undivided loyalty to MSM.

All actual and potential conflicts of interest shall be disclosed by Board members to the Office of Compliance and Internal Audit through the annual disclosure form and/or whenever a conflict arises. The disinterested members of the Board or MSM Board of Trustees Executive Committee ("the Committee") shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any). The Committee shall inform the Board of such determination and action. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy as it applies to Board members.

On an annual basis, all Board members shall be provided with copies of the Individual and Institutional Conflicts of Interest Policies and are required to complete and sign this acknowledgement and disclosure form. All completed forms shall be provided to and reviewed by the Office of Compliance and Internal Audit, as well as all other conflict information provided by Board members.

In order to be more comprehensive, this acknowledgement and disclosure form also requires Board members to provide information with respect to certain parties that may be related to them. These persons are termed "affiliated persons" and include the following:

- a. spouse, domestic partner, child, mother, father, brother or sister;
- b. any corporation or organization of which a Board member is a board member, an officer, a partner, participates in management or is employed by, or is, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
- c. any trust or other estate in which a Board member has a substantial beneficial interest or serves as a trustee or in a similar capacity.

1. NAME OF BOARD MEMBER: (Please print)

ANTHONY WELTERS

2. CAPACITY: MSM Board of Trustees

- Executive committee
- Committee member
- Committee name

3. Have you or any of your affiliated persons provided services or property to MSM in the past year?

YES NO

If yes, please describe the nature of the services or property, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

MOREHOUSE SCHOOL OF MEDICINE EMPLOYEES HAVE
UNITED HEALTH CARE INSURANCE WHERE I AM EMPLOYED

4. Have you or any of your affiliated persons purchased services or property from MSM in the past year?

YES NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which MSM was or is a party.

YES NO

If yes, describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. Were you or any of your affiliated persons indebted to pay money to MSM at any time in the past year (other than travel advances or the like)?

YES NO

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from MSM or as a result of your relationship with MSM, that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to MSM?

YES NO

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving MSM?

___ YES ___ NO

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

9. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by MSM's Board, or a duly constituted committee thereof, in accordance with the terms and intent of MSM's Individual Conflict of Interest policy?

___ YES ___ NO

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

10. In the past year, have you had a family or business relationship with any other officer, director, trustee or key employee at MSM?

___ YES ___ NO

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HERBY CONFIRM that I have read and understand MSM's Individual Conflict of Interest Policy, and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify the Chair of the MSM Board of Trustees, the MSM President, or the Chief Compliance and Internal Audit Officer immediately.

Signature

Anthony Wethers

Date

7/2/10

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- c. any trust or other estate in which a Board member has a substantial beneficial interest or serves as a trustee or in a similar capacity.

1. NAME OF BOARD MEMBER: (Please print)

John W. Blalock

2. CAPACITY: MSM Board of Trustees

Executive committee
 Committee member
 Committee name

3. Have you or any of your affiliated persons provided services or property to MSM in the past year?

YES NO

If yes, please describe the nature of the services or property, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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___ YES NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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Signature

Date

John W. Biful
June 30, 2010

MSM BOARD OF TRUSTEES CONFLICT OF INTEREST DISCLOSURE STATEMENT

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1. NAME OF BOARD MEMBER: (Please print)

John Rowe

2. CAPACITY: MSM Board of Trustees

 Executive committee
X Committee member
Finance Committee name

3. Have you or any of your affiliated persons provided services or property to MSM in the past year?

 YES / NO

If yes, please describe the nature of the services or property, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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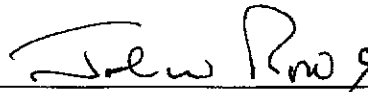
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Signature



Date

6/30/10

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1. NAME OF BOARD MEMBER: (Please print)

Sylvester McRae, M.D.

2. CAPACITY: MSM Board of Trustees:

- Executive committee
- Committee member
- Committee name

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Signature

J. McRae

Date

7/1/2010

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1. NAME OF BOARD MEMBER: (Please print)

Joy Fitzgerald

2. CAPACITY: MSM Board of Trustees

- Executive committee
- Committee member
- Committee name

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YES NO

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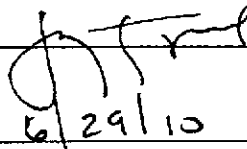
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