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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)****Open to Public
Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH		D Employer identification number 35-1044487
		Doing Business As		E Telephone number (202) 371-9090
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2231 CRYSTAL DRIVE 450		G Gross receipts \$ 14,197,112. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ N/A
		City or town, state or country, and ZIP + 4 ARLINGTON, VA 22202		
F Name and address of principal officer PAUL JARRIS SAME AS C				
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.ASTHO.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1942 M State of legal domicile DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S MISSION IS TO FORMULATE AND INFLUENCE SOUND NATIONAL PUBLIC POLICY AND TO SERVICE STATE HEALTH DEPARTMENTS IN THE DEVELOPMENT AND IMPLEMENTATION OF PROGRAMS AND POLICIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	71
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1d)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,362,281.	12,588,381.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,345,531.	1,586,457.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,422.	10,130.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,894.	12,144.
		12,728,128.	14,197,112.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	540,187.	3,040,098.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,011,243.	6,042,127.
b Total fundraising expenses, Part IX, column (D), line 25	0.	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,952,297.	4,941,529.	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	12,503,727.	14,023,754.	
19 Revenue less expenses - Subtract line 18 from line 12	224,401.	173,358.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	5,480,350.	5,202,934.
	22 Net assets or fund balances - Subtract line 21 from line 20	3,474,426.	3,023,652.
		2,005,924.	2,179,282.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Paul E. Jarris</i> PAUL E. JARRIS, Executive Director	Date 8-11-11
Paid Preparer's Use Only	Preparer's signature <i>DAVID J. TRIMNER, CPA</i> DAVID J. TRIMNER, CPA	Date 7-28-2011
	Firm's name (or yours if self-employed), address, and ZIP + 4 ARGY, WILTSE & ROBINSON, P.C. 8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102	Preparer's identifying number (see instructions) EIN ▶ 703-893-0600 Phone no ▶
May the IRS discuss this return with the preparer shown above? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ 8,907,124 including grants of \$ 2,369,164.) (Revenue \$ 30,188.)

IMPROVING THE NATION'S PUBLIC HEALTH INFRASTRUCTURE - STAFF WORK
 ON TRANSLATING THE PUBLIC HEALTH INFRASTRUCTURE INTO PUBLIC HEALTH
 PRACTICE BY DEVELOPING STATE-BASED PERFORMANCE MEASURES AND
 ENGAGING STATE LEADERSHIP AT ALL LEVELS ON A VARIETY OF TOPICS,
 AMONG THEM: INFECTIOUS DISEASE; IMMUNIZATION; ENVIRONMENTAL
 HEALTH; GENOMICS; ACCREDITATION; BIRTH DEFECTS; WELLNESS &
 PREVENTION; PRIMARY CARE; AND THE HEALTH CARE WORKFORCE.

4b (Code) (Expenses \$ 1,547,462 including grants of \$ 80,000.) (Revenue \$ 0.)

ATTACHMENT 4

4c (Code) (Expenses \$ 929,492. including grants of \$ 425,062.) (Revenue \$ 326.)

PUBLIC HEALTH LEADERSHIP DEVELOPMENT - DEVELOPS RESOURCE MATERIALS
 FOR AND FACILITIES ORIENTATION VISITS TO NEW STATE HEALTH
 OFFICERS, CONDUCTS NETWORKING MEETINGS FOR NEWLY-APPOINTED STATE
 HEALTH OFFICERS, MONITORS AND SERVES AS A REPOSITORY FOR STATE
 HEALTH AGENCY STRUCTURE CHANGES, AND PARTICIPATES AS A MEMBER OF
 THE TECHNICAL ADVISORY GROUP OF THE STATE PUBLIC HEALTH LEADERSHIP
 INITIATIVE.

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,205,705. including grants of \$ 165,872.) (Revenue \$ 1,555,943.)

4e Total program service expenses ► 12,589,783.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
24 b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
25 b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28 a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	28
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	71
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	14	
1b Enter the number of voting members that are independent	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARY CHILDRESS 2231 CRYSTAL DRIVE, SUITE 450, ARLINGTON, VA 22202
 202-371-9090

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID SUNDWALL PAST PRESIDENT	7.50	X						0.	0.	0.
JANET OLSZEWSKI SECRETARY-TREASURER	7.50	X						0.	0.	0.
DAVID GIFFORD REPRESENTATIVE REGION I	5.00	X						0.	0.	0.
PAUL HALVERSON PRESIDENT	7.50	X						0.	0.	0.
JOANN SCHAEFER REPRESENTATIVE REGION VII	5.00	X						0.	0.	0.
MARK HORTON REPRESENTATIVE REGION IX	5.00	X						0.	0.	0.
ALVIN JACKSON REPRESENTATIVE REGION V	5.00	X						0.	0.	0.
JOHN AUERBACH PRESIDENT ELECT	7.50	X						0.	0.	0.
MARY SELECKY IMMEDIATE PAST PRESIDENT	5.00	X						0.	0.	0.
RICHARD F. DAINES REPRESENTATIVE REGION II	5.00	X						0.	0.	0.
KARYL THOMAS RATTAY REPRESENTATIVE REGION III	5.00	X						0.	0.	0.
SUSAN R. COOPER REPRESENTATIVE REGION IV	5.00	X						0.	0.	0.
DAVID LAKEY REPRESENTATIVE REGION VI	5.00	X						0.	0.	0.
BRENT SHERARD REPRESENTATIVE REGION VIII	5.00	X						0.	0.	0.
PAUL JARRIS EXECUTIVE DIRECTOR	38.00			X				241,221.	0.	40,228.
MARY CHILDRESS CHIEF OPERATING OFFICER	38.00			X				89,613.	0.	1,020.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES PEARSON CHIEF PROGRAM OFFICER	38.00				X			173,141.	0.	21,443.
JAMES BLUMENSTOCK CHIEF PROGRAM OFFICER	38.00				X			175,855.	0.	20,838.
SHARON MOFFATT CHIEF PROGRAM OFFICER	38.00				X			150,660.	0.	17,741.
LACY M. FEHRENBACH-MAROSFALVY CHIEF MEMBER SERVICES	38.00					X		104,093.	0.	20,940.
PAULA STEIB SR. DIRECTOR, COMMUNICATIONS	38.00					X		99,929.	0.	26,549.
1b Total								1,034,512.	0.	148,759.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

35-1044487

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,522,228			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,066,153.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		12,588,381.			
Program Service Revenue			Business Code				
	2a	CONFERENCES & MEETINGS	900099	91,477.	91,477		
	b	SPEAKER HONORARIUM	900099	1,700	1,700.		
	c	MEMBERSHIP DUES	900099	1,361,205	1,361,205.		
	d	GOVERNMENT TASK ORDERS	900099	132,075.	132,075.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,586,457.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,130.			10,130.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS	900099	12,144			12,144.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		12,144				
12	Total Revenue. See instructions		14,197,112	1,586,457.		22,274.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	3,040,098.	3,040,098.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,362,469.	799,487.	562,982.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	3,494,193.	2,746,904.	747,289.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	429,887.	309,809.	120,078.	0.
9 Other employee benefits	401,382.	289,266.	112,116.	0.
10 Payroll taxes	354,196.	255,261.	98,935.	0.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	62,094.	0.	62,094.	0.
c Accounting	42,488.	0.	42,488.	0.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	1,449,860.	751,132.	698,728.	0.
12 Advertising and promotion	0.			
13 Office expenses	344,741.	217,816.	126,925.	0.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	548,985.	28,156.	520,829.	0.
17 Travel	1,122,850.	1,062,777.	60,073.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	755,693.	497,303.	258,390.	0.
20 Interest	32,448.	0.	32,448.	0.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	257,198.	0.	257,198.	0.
23 Insurance	16,388.	0.	16,388.	0.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DHHS INDIRECT COSTS	0.	2,506,027.	-2,506,027.	0.
b DUES AND SUBSCRIPTIONS	100,110.	77,779.	22,331.	0.
c BAD DEBT EXPENSE	48,385.	0.	48,385.	0.
d REPAIRS AND MAINTENANCE	93,473.	5,834.	87,639.	0.
e STAFF RECRUITMENT	19,598.	0.	19,598.	0.
f All other expenses	47,218.	2,134.	45,084.	0.
25 Total functional expenses. Add lines 1 through 24f	14,023,754.	12,589,783.	1,433,971.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	750.	1	750.
	2 Savings and temporary cash investments	1,833,505.	2	1,270,510.
	3 Pledges and grants receivable, net	2,225,230.	3	2,809,650.
	4 Accounts receivable, net	495,300.	4	335,664.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	115,880.	9	177,033.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,495,723.		
	b Less: accumulated depreciation	10b 927,310.	10c	568,413.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	40,914.	15	40,914.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,480,350.	16	5,202,934.	
Liabilities	17 Accounts payable and accrued expenses	873,214.	17	770,667.
	18 Grants payable		18	
	19 Deferred revenue	1,466,601.	19	1,638,547.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	1,134,611.	25	614,438.
	26 Total liabilities. Add lines 17 through 25	3,474,426.	26	3,023,652.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,005,924.	27	2,179,282.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,005,924.	33	2,179,282.
34 Total liabilities and net assets/fund balances	5,480,350.	34	5,202,934.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS**

Employer identification number
35-1044487

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,312,484.	7,604,341.	12,123,006.	11,362,281.	12,720,456.	50,122,568.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	6,312,484	7,604,341.	12,123,006.	11,362,281.	12,720,456.	50,122,568.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						4,860,787.
6 Public support. Subtract line 5 from line 4.						45,261,781.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,312,484.	7,604,341.	12,123,006.	11,362,281.	12,720,456.	50,122,568.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,783	54,746	50,348.	16,422.	10,130.	187,429.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	13,007.	25,344	49,448.	3,894.	12,144.	103,837.
11 Total support. Add lines 7 through 10.						50,413,834.
12 Gross receipts from related activities, etc. (see instructions)					12	7,428,148
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	89.78 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	92.48 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
REFERRAL FEES, STIPEND & JURY						
DUTY REIMBURSEMENT	13,007.	25,344	49,448.	3,894.	12,144.	103,837
TOTALS	<u>13,007.</u>	<u>25,344.</u>	<u>49,448.</u>	<u>3,894.</u>	<u>12,144.</u>	<u>103,837.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No 1545-0047

2009

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH	Employer identification number
OFFICIALS		35-1044487

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 2 000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	248,765.													
c	Total lobbying expenditures (add lines 1a and 1b)	248,765.													
d	Other exempt purpose expenditures	13,774,989.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,023,754.													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	851,188.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	212,797.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	602,787.	869,278.	775,186.	851,188.	3,098,439.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,647,659.
c Total lobbying expenditures	41,219.	51,000.	133,000.	248,765.	473,984.
d Grassroots nontaxable amount	150,697.	217,320.	193,797.	212,797.	774,611.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,161,917.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH

Employer identification number

OFFICIALS

35-1044487

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		430,271.	151,661.	278,610.
d Equipment		551,883.	432,826.	119,057.
e Other		513,569.	342,823.	170,746.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				568,413.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

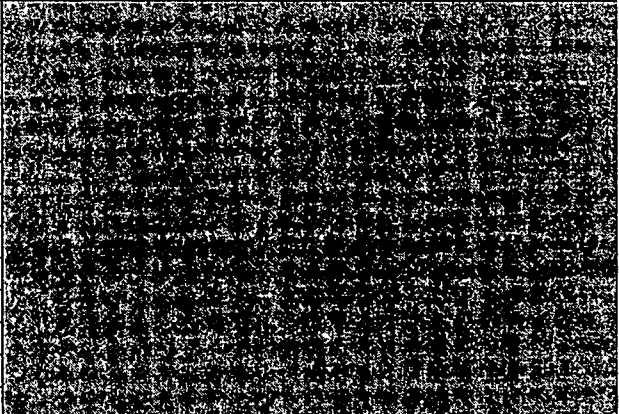
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount	
Federal income taxes		
CAPITAL LEASE OBLIGATIONS	318,139.	
REFUNDABLE ADVANCES	296,299.	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	614,438.	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,197,112.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,023,754.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	173,358.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	173,358.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	14,197,112.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	14,197,112.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,197,112.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	14,023,754.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	14,023,754.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	14,023,754.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

FORM 990, SCHEDULE D, PART X, LINE 2

EFFECTIVE OCTOBER 1, 2009, ASTHO ADOPTED THE AUTHORITATIVE GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE WOULD BE REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. THE ADOPTION OF THIS AUTHORITATIVE GUIDANCE HAD NO EFFECT ON ASTHO'S BEGINNING NET ASSETS.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization
ASSOCIATION OF STATE AND TERRITORIAL HEALTH
OFFICIALS

Employer identification number
35-1044487

OMB No 1545-0047

2009

Open to Public
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ALABAMA DEPARTMENT OF PUBLIC HEALTH MONTGOMERY, AL 36130	63-1106545		25,000.				SOCIAL DISTANCING
	ARIZONA DEPARTMENT OF HEALTH SERVICES PHOENIX, AZ 85007	86-6004791		8,000				H1N1 POLICY BARRIERS
	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH SACRAMENTO, CA 95899	94-1646278		167,495				CLIMATE CHANGE
	CONFERENCE OF RADIATION CONTROL PROGRAM DIR FRANKFORT, KY 40601	71-0477513	501(C) (3)	24,500.				RADIATION READINESS
	COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGI ATLANTA, GA 30341	23-7410799	501(C) (3)	24,500.				RADIATION READINESS
	DELAWARE DIVISION OF PUBLIC HEALTH DOVER, DE 19901	51-6000279		22,033				SOCIAL DISTANCING
	FLORIDA DEPARTMENT OF HEALTH TALLAHASSEE, FL 32399	59-3502843		70,205				PHAB BETA TEST
	HARVARD UNIVERSITY CAMBRIDGE, MA 02138	04-2103580	501(C) (3)	467,723.				LEADERSHIP TRAINING
	HEALTH RESEARCH, INC. MENANDS, NY 12004	14-1402155	501(C) (3)	8,000.				H1N1 POLICY BARRIERS
	IOWA DEPARTMENT OF PUBLIC HEALTH DES MOINES, IA 50319	42-6004571		10,497.				PHAB BETA TEST
	JSI RESEARCH AND TRAINING INSTITUTE, DBA CO BOSTON, MA 02210	04-2679824	501(C) (3)	25,000.				SOCIAL DISTANCING
	KENTUCKY DEPARTMENT OF PUBLIC HEALTH FRANKFORT, KY 40601	61-0600439		42,686.				SOCIAL DISTANCING

- 2 Enter total number of section 501(c)(3) and government organizations 39
- 3 Enter total number of other organizations 0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

JSA

9E1288 2 000

V 09-9.4

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING PROCESS OF GRANTS

FORM 990, SCHEDULE I, PART I

PROGRAM STAFF IDENTIFY APPROPRIATE SUB-RECIPIENTS THROUGH AN RFP PROCESS.

PAYMENT OF FUNDS IS TIED TO PERFORMANCE BY INVOKING SPECIFIC MILESTONES

WHICH TRIGGER THE DISBURSEMENT OF FUNDS. ALL INVOICES ARE REVIEWED AND

APPROVED BY A GRANTS MANAGER PRIOR TO PAYMENT TO INSURE COMPLIANCE WITH

TERMS.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

35-1044487

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEWEENAW BAY INDIAN COMMUNITY DHHS BARAGA, MI 49908	38-1743340		9,093.				PHAB BETA TEST
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH BOSTON, MA 02035	04-6002284		40,000				SOCIAL DISTANCING
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH LANSING, MI 48913	38-6000134		114,963.				CLIMATE CHANGE
MICHIGAN PUBLIC HEALTH INSTITUTE OKEMOS, MI 48864	38-2963835	501(C) (3)	9,093.				PHAB BETA TEST
MINNESOTA DEPARTMENT OF HEALTH PAUL, MN 55164	41-6007162		175,876.				CLIMATE CHANGE
MISSISSIPPI STATE DEPARTMENT OF HEALTH JACKSON, MS 03921	64-6000775		18,186.				PHAB BETA TEST
NATIONAL ASSOCIATION FOR PUBLIC HEALTH STAT SILVER SPRING, MD 20910	52-2265888	501(C) (3)	189,675.				VITAL RECORDS
NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH WASHINGTON, DC 20036	52-1426663	501(C) (3)	24,500				RADIATION READINESS
NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH BOWLING GREEN, OH 43402	34-0172358	501(C) (3)	32,666.				PHAB BETA TEST
NATIONAL GOVERNORS ASSOCIATION WASHINGTON, DC 20001	23-7391796	501(C) (3)	156,667.				STATE HEALTH POLICY
NC INSTITUTE FOR PUBLIC HEALTH CHAPEL HILL, NC 27599	56-6001393	501(C) (3)	120,966.				LEADERSHIP TRAINING
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES LINCOLN, NE 68509	47-0491233		17,495.				SOCIAL DISTANCING
NEW HAMPSHIRE DHHS PHHS CONCORD, NH 03301	02-6000618		60,615.				CLIMATE CHANGE
NEW JERSEY DEPARTMENT OF HEALTH & HUMAN SERVICES TRENTON, NJ 08625	21-6000928		23,500.				SOCIAL DISTANCING
NORTH DAKOTA DEPARTMENT OF HEALTH BISMARCK, ND 58505	45-0309764		5,756.				SOCIAL DISTANCING

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

NAME OF THE ORGANIZATION ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

Employer identification number

35-1044487

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO DEPARTMENT OF HEALTH COLUMBUS, OH 43215	31-1334820		34,093				PHAB BETA TEST
OKLAHOMA STATE DEPARTMENT OF HEALTH OKLAHOMA CITY, OK 73117	73-6017987		18,186.				PHAB BETA TEST
OREGON DEPARTMENT OF HUMAN SERVICES PORTLAND, OR 97232	93-6001752		145,000				SOCIAL DISTANCING
PENNSYLVANIA DEPARTMENT OF HEALTH HARRISBURG, PA 17104	23-6003104		25,000				SOCIAL DISTANCING
REGENTS OF THE UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN 55485	41-6007513	501(C) (3)	475,517				AT-RISK POPULATIONS
ST LOUIS UNIVERSITY ST LOUIS, MO 63108	43-0654872	501(C) (3)	51,333.				LEADERSHIP TRAINING
THE KEYSTONE CENTER KEYSTONE, CO 80435	84-0688506	501(C) (3)	229,190				VACCINE SAFETY
THE NAVAJO NATION WINDOW ROCK, AZ 86515	86-0092335		9,093				PHAB BETA TEST
UTAH DEPARTMENT OF HEALTH SALT LAKE CITY, UT 84114	87-6000545		25,000.				SOCIAL DISTANCING
WASHINGTON STATE DEPARTMENT OF HEALTH OLYMPIA, WA 98504	91-1444603		18,187				PHAB BETA TEST
WISCONSIN DEPARTMENT OF HEALTH MADISON, WI 53701	39-6006469		90,000				H1N1 POLICY BARRIERS
WYOMING DEPARTMENT OF HEALTH CHEYENNE, WY 82009	83-0208667		9,093.				PHAB BETA TEST

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

Employer Identification number
35-1044487

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/>	First-class or charter travel
<input type="checkbox"/>	Travel for companions
<input type="checkbox"/>	Tax indemnification and gross-up payments
<input type="checkbox"/>	Discretionary spending account

<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)

- b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/>	Compensation committee
<input checked="" type="checkbox"/>	Independent compensation consultant
<input type="checkbox"/>	Form 990 of other organizations

<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III _____

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
OFFICIALS

ASSOCIATION OF STATE AND TERRITORIAL HEALTH

Employer identification number

35-1044487

ATTACHMENT 2

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11A

THE BOARD DELEGATES AUTHORITY TO THE AUDIT COMMITTEE TO REVIEW AND
APPROVE THE FORM 990. THE AUDIT COMMITTEE IS LED BY THE
TREASURER/SECRETARY OF THE ASSOCIATION.

CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12

THE WRITTEN CONFLICT OF INTEREST POLICY IS ANNUALLY DISTRIBUTED AND
SIGNED BY THE DIRECTORS, OFFICERS, SENIOR STAFF MEMBERS, AND MEMBERS OF
COMMITTEES THAT HAVE BEEN DELEGATED THE POWER OF THE BOARD OF DIRECTORS.

THE CONFLICTS OF INTEREST ARE INVENTORIED BY THE CHIEF OF MEMBER
SERVICES AND DISCLOSED TO THE FULL BOARD. THE AUDIT COMMITTEE IS TASKED
WITH MONITORING AND ADMINISTERING COMPLIANCE. THE AUDIT COMMITTEE CAN
REFER MATTERS TO THE EXECUTIVE COMMITTEE, WHO HAS FINAL AUTHORITY ON
RESOLUTION OF CONFLICTS OF INTEREST FOR ITS MEMBERS, INCLUDING EXPULSION.

DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

SAVE THE EXECUTIVE DIRECTOR, MEMBERS OF THE BOARD OF DIRECTORS ONLY
RECEIVE REIMBURSEMENTS FOR REASONABLE ACTUAL TRAVEL EXPENSES. THE
EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE
COMMITTEE, WHO DELEGATED THIS TO THE PRESIDENT AND PRESIDENT-ELECT, WHO
WORKED WITH A COMPENSATION SPECIALIST. THE SALARY FOR OTHER STAFF IS

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH
OFFICIALS

Employer identification number
35-1044487

ATTACHMENT 2 (CONT'D)

DETERMINED BY A COMPENSATION SCHEDULE BASED ON GRADE AND A MARKET STUDY.

ALL COMPENSATION IS DETERMINED BY INDEPENDENT PERSONS. APPROPRIATE
DOCUMENTATION IS RETAINED.

AVAILABILITY OF OTHER DOCUMENTS

FORM 990, PART VI, LINE 19

THE ASSOCIATION'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

MEMBERSHIP

FORM 990, PART VI, LINE 6, 7A, & 7B

ASTHO MEMBERS ARE COMPOSED OF: THE CHIEF HEALTH OFFICIAL OF THE PUBLIC
HEALTH AGENCY OF EACH OF THE UNITED STATES'S STATES, POSSESSIONS, AND
TERRITORIES; AT-LARGE ALUMNI, FORMER ASTHO MEMBERS WHO CHOOSE TO PAY DUES
AND RETAIN AN ADVISORY (UNABLE TO PARTICIPATE IN FORMAL GOVERNANCE) ROLE
TO THE ASSOCIATION'S MEMBERS.

THE MEMBERS ELECT THE VOTING MEMBERS OF THE GOVERNING BODY ANNUALLY.

THE MEMBERSHIP ASSEMBLY REVIEWS THE ACTIONS AND RECOMMENDATIONS OF THE
BOARD OF DIRECTORS AT LEAST ANNUALLY, THEY ALSO HAVE THE RIGHT TO CALL
SPECIAL MEETINGS ON ANY TOPIC, WHICH MAY INCLUDE VOTING TO REMOVE THE
BOARD MEMBERS FOR THEIR ACTIONS. ALL ASSOCIATION POLICY STATEMENTS ARE
APPROVED BY THE MEMBERS AS WELL.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

INCLUDES PROGRAMS ADDRESSING HEALTH EQUITY, HEALTHCARE SYSTEM

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
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ATTACHMENT 2 (CONT'D)

PREPAREDNESS, SENIOR DEPUTIES ORIENTATIONS, OPIOID OVERDOSE MITIGATION, BIOMONITORING FORUM, BUILDING DATA INFRASTRUCTURE, AND BETA TESTING THE PUBLIC HEALTH ACCREDITATION BOARD.

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, LINE 4

BELOW ARE SIGNIFICANT CHANGES MADE TO THE BYLAWS:

THE PURPOSE OF THIS ASSOCIATION IS TO FORMULATE AND INFLUENCE THROUGH COLLECTIVE ACTION THE ESTABLISHMENT OF SOUND PUBLIC HEALTH POLICY AND TO ASSIST AND SERVE STATE AND TERRITORIAL HEALTH DEPARTMENTS IN THE DEVELOPMENT AND IMPLEMENTATION OF PROGRAMS AND POLICIES FOR THE PUBLIC'S HEALTH AND THE PREVENTION OF DISEASE.

THE EXECUTIVE COMMITTEE WAS RENAMED TO THE BOARD OF DIRECTORS AND THE NUMBER OF REGIONAL REPRESENTATIVES ON THE BOARD OF DIRECTORS INCREASED FROM 5 TO 10 TO COINCIDE WITH THE DEPARTMENT OF HEALTH & HUMAN SERVICES REGIONS. THE OFFICE OF PRESIDENT AND SECRETARY-TREASURER CANNOT BE HELD BY THE SAME INDIVIDUAL CONTEMPORANEOUSLY. THE IMMEDIATE PAST PRESIDENT AND PRESIDENT-ELECT ARE NO LONGER BOUND TO SERVE AS CHAIR OF THE GOVERNMENT RELATIONS AND ANNUAL MEETING COMMITTEES, RESPECTIVELY, VIA THE BYLAWS. ADDED LANGUAGE TO ALLOW THE BOARD OF DIRECTORS TO TEMPORARILY FILL VACANT OFFICES FROM THE MEMBERSHIP WHEN A PERSON IS UNABLE, UNWILLING, OR INELIGIBLE TO SUCCEED INTO A VACANT OFFICE AS PROVIDED IN THE BYLAWS AND PROCEDURES TO REMOVE ANY OFFICER, SAVE THE EXECUTIVE DIRECTOR WHOSE EMPLOYMENT WILL BE GOVERNED BY HIS CONTRACT. A PROVISION FOR REMOVAL OF ANY MEMBER OF THE BOARD OF DIRECTORS BY DIRECT ACTION OF THE MEMBERSHIP WAS ADDED. A FORMAL STATEMENT ENSHRINING CURRENT POLICY ON COMPENSATION WAS ADDED, SUCH THAT OFFICERS AND DIRECTORS (OTHER THAN

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
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ATTACHMENT 2 (CONT'D)

THE EXECUTIVE DIRECTOR) SHALL NOT RECEIVE ANY SALARY OR OTHER COMPENSATION FOR THEIR SERVICES, BUT MAY BE REIMBURSED FOR REASONABLE EXPENSES. A CONFLICT OF INTEREST POLICY WILL BE ADOPTED AND ANNUALLY DISTRIBUTED TO ALL OFFICERS AND DIRECTORS.

AN EXECUTIVE COMMITTEE WAS ESTABLISHED WHICH EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS AS MAY BE REQUIRED IN THE INTERIM BETWEEN MEETINGS AND REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION AND PERFORMANCE. THE EXECUTIVE COMMITTEE IS COMPRISED OF: (I) THE PRESIDENT; (II) THE PRESIDENT-ELECT; (III) THE IMMEDIATE PAST PRESIDENT; (IV) THE PAST PRESIDENT; (V) THE SECRETARY-TREASURER; AND (VI) TWO (2) REGIONAL REPRESENTATIVES ELECTED ANNUALLY BY THE BOARD OF DIRECTORS; (VII) THE EXECUTIVE DIRECTOR WHO SERVES WITHOUT VOTE. FOUR MEMBERS ARE REQUIRED TO CONSTITUTE A QUORUM. THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY TO ADOPT BUDGET, TAKE ACTIONS CONTRARY TO, OR SIGNIFICANTLY DIFFERENT FROM THE DIRECTION OF THE BOARD OF DIRECTORS, TAKE ACTION ON MERGERS, DISSOLUTION OF THE ORGANIZATION, ELECTING OR REMOVING BOARD MEMBERS, OR ELIMINATING OR ADDING MAJOR PROGRAMS.

THE ABILITY TO TERMINATE A MEMBER'S MEMBERSHIP FOR CAUSE (AS DETERMINED BY THE BOARD OF DIRECTORS) WAS ADDED TO THE BYLAWS.

ACTIONS REQUIRED TO BE TAKEN AT A MEETING OF THE VOTING MEMBERS, EXECUTIVE COMMITTEE, OR BOARD OF DIRECTORS CAN BE VOTED ON AND TAKEN WITHOUT A MEETING IF CONSENT IN WRITING, SETTING FORTH THE ACTION TAKEN, IS SIGNED BY ALL ELIGIBLE VOTING MEMBERS OF THE RESPECTIVE GROUPS.

AMENDMENTS TO BYLAWS MAY NOW BE MADE BY THE BOARD OF DIRECTORS AND TAKE EFFECT (AS LONG AS NOTICE 30 DAYS PRIOR TO ITS EFFECTIVE DATE WAS GIVEN

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
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ATTACHMENT 2 (CONT'D)

TO THE ASSEMBLY OF MEMBERS) UNLESS REJECTED BY THE MEMBERS VIA A SPECIAL MEETING.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSE OF THIS ASSOCIATION IS TO FORMULATE AND INFLUENCE THROUGH COLLECTIVE ACTION THE ESTABLISHMENT OF SOUND PUBLIC HEALTH POLICY AND TO ASSIST AND SERVE STATE AND TERRITORIAL HEALTH DEPARTMENTS IN THE DEVELOPMENT AND IMPLEMENTATION OF PROGRAMS AND POLICIES FOR THE PUBLIC'S HEALTH AND THE PREVENTION OF DISEASE.

ATTACHMENT 44B PROGRAM SERVICE

PREVENTIVE CARE - THE AIM OF THIS PROGRAMS IS TO MITIGATE RISK FACTORS THROUGH CARE INSTEAD OF COSTLY LATE STAGE INTERVENTIONS. ACTIVITIES SUPPORTING THIS AIM INCLUDE: PROVIDING TRAINING & MENTORING TO PRIMARY CARE OFFICERS; COORDINATING WITH MEDICAID DIRECTORS TO ASSURE ACCESS TO CARE FOR HIGH RISK INDIVIDUALS; THE DISSEMINATION OF BEST PRACTICES IN THE TREATMENT OF CHRONIC DISEASE; AND PROVIDING TECHNICAL ASSISTANCE TO INCREASE THE UTILITY OF THESE ACTIVITIES. THESE PROGRAMS TARGET THE WHOLE POPULATION STARTING WITH PRE-CONCEPTION HEALTH AND NEWBORN BLOODSPOT SCREENING, VACCINE SAFETY AND FINANCING, AND PROGRESSING THROUGH CANCER PREVENTION AND CONTROL, TO HEART DISEASE AND STROKE REDUCTION MEASURES.

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
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ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMERICAN TECHNOLOGY SERVICES 2730 PROSPERITY AVENUE SUITE 250 FAIRFAX, VA 22031	IT SYSTEMS	481,589.
BRIGHTHOUSE, LLC 790 MARIETTA ST, NW ATLANTA, GA 30318	WEBSITE DESIGN	144,028.
CORNERSTONE GOVERNMENT AFFAIRS, LLC 300 INDEPENDENCE AVENUE, SE WASHINGTON, DC 20003	LOBBYING SUPPORT	165,164.
KEVIN HARTLEY 287 UPPER OLD TOWN TRAIL, PO BOX 187 CHARLOTTE, VT 05545	PROGRAMMATIC SUPPORT	142,383.
THREESPOT MEDIA, LLC 3333 14TH STREET, NW, SUITE 300 WASHINGTON, DC 20010	WEBSITE SUPPORT	101,895.
TOTAL COMPENSATION		<u>1,035,059.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
	Number, street, and room or suite no. If a P.O. box, see instructions. 2231 CRYSTAL DRIVE SUITE 450			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202			

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► MARY CHILDRESS

Telephone No. ► 202 371-9090FAX No. ► 571 527-3189

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or
- ☒ tax year beginning 10/01, 20 09, and ending 09/30, 20 10.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ☒ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	ASSOCIATION OF STATE AND TERRITORIAL HEA OFFICIALS	Employer identification number	35-1044487
	Number, street, and room or suite no. If a P.O. box, see instructions.			
	2231 CRYSTAL DRIVE			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
ARLINGTON, VA 22202				

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ MARY CHILDRESS

Telephone No.

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until

5 For calendar year , or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension. **ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature
 ARGY, WILTSE & ROBINSON, P.C.
 8405 GREENSBORO DRIVE, 7TH FLOOR
 MCLEAN, VA 22102

Title Date

Form 8868 (Rev 1-2011)