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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ASSOCIATION OF PUBLIC HEALTH LABORATORIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8515 GEORGIA AVE NO 700

City or town, state or country, and ZIP + 4
SILVER SPRING, MD 20910

D Employer identification number
52-1800436

E Telephone number
(240)485-2745

G Gross receipts $ 36,814,180

F Name and address of principal officer
SCOTT BECKER
8515 GEORGIA AVE NO 700
SILVER SPRING, MD 20910

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW APHL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE THE ROLE OF PUBLIC HEALTH LABORATORIES IN SHAPING NATIONAL AND GLOBAL HEALTH OBJECTIVES, AND TO PROMOTE POLICIES, PROGRAMS, AND TECHNOLOGIES WHICH ASSURE CONTINUOUS IMPROVEMENT IN THE QUALITY OF LABORATORY PRACTICE AND HEALTH OUTCOMES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	108
	6 Total number of volunteers (estimate if necessary)	**6**	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	49,343
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	11,076

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	32,833,931	33,337,922
	9 Program service revenue (Part VIII, line 2g)	2,015,615	2,068,673
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-103,692	91,831
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,307	6,293
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,747,161	35,504,719
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,767,206	4,786,685
	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)	7,892,733	8,591,508
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	23,981,443	22,013,357
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,641,382	35,391,550
	19 Revenue less expenses Subtract line 18 from line 12	105,779	113,169

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	5,852,248	8,419,107
	21 Total liabilities (Part X, line 26)	4,135,670	6,268,442
	22 Net assets or fund balances Subtract line 21 from line 20	1,716,578	2,150,665

Part II Signature Block

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.

Sign Here

****** | 2012-04-23
Signature of officer | Date

CAROL CLARK CHIEF OPERATING OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
KAREN GRIES	KAREN GRIES			

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶

Firm's address ▶ 2900 SOUTH QUINCY ST SUITE 150
ARLINGTON, VA 22206 — Phone no ▶ (703) 998-5100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO PROMOTE THE ROLE OF PUBLIC HEALTH LABORATORIES IN SHAPING NATIONAL AND GLOBAL HEALTH OBJECTIVES, AND TO PROMOTE POLICIES, PROGRAMS, AND TECHNOLOGIES WHICH ASSURE CONTINUOUS IMPROVEMENT IN THE QUALITY OF LABORATORY PRACTICE AND HEALTH OUTCOMES

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 $ 24,190,478 including grants of $ 4,786,685) (Revenue $)

PUBLIC HEALTH LABORATORY TECHNICAL ASSISTANCETHE ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC STRENGTHENS THE PUBLIC HEALTH LABORATORY SYSTEM BY PROMOTING QUALITY PUBLIC HEALTH PRACTICE, IMPROVING THE PUBLIC HEALTH INFRASTRUCTURE, AND STRENGTHENING THE PUBLIC HEALTH LABORATORY SYSTEM IN DEVELOPING A WELL-TRAINED WORKFORCE THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC WORKS TO ADDRESS LEADERSHIP AND OTHER ISSUES AS THEY RELATE TO STAFFING IN THE HIGHEST LEVELS OF STAFFING IN PUBLIC HEALTH LABORATORIES THIS PROGRAM ENSURES THAT THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC CAN SERVE AS THE CLEARING HOUSE ABOUT AND FOR PUBLIC HEALTH LABORATORIES FUNDING FOR THESE PROGRAMS IS THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION

4b (Code) (Expenses $ 5,763,057 including grants of $) (Revenue $)

GLOBAL HEALTHTHE ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC 'S GLOBAL HEALTH PROGRAM ASSISTS RESOURCE-LIMITED COUNTRIES IN BUILDING NATIONAL LABORATORY NETWORKS, IMPLEMENTING TRAINING PROGRAMS, PLANNING AND MANAGING RENOVATION PROJECTS, IMPLEMENTING LABORATORY MANAGEMENT INFORMATION SYSTEMS, PROCURING EQUIPMENT AND SUPPLIES, AND PROVIDING US-BASED ADVANCED TRAINING FOR SENIOR LABORATORY PROFESSIONALS FUNDING FOR GLOBAL HEALTH PROGRAMS IS THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION AS PART OF THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

4c (Code) (Expenses $ 2,023,309 including grants of $) (Revenue $ 2,068,673)

OTHER PROGRAMSTHE ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC HAS PROGRAMS DESIGNED TO SUPPORT MEMBER LABORATORIES THIS INCLUDES A SPECIFIC FOCUS ON DEVELOPING PROGRAMS OF INTEREST TO ENVIRONMENTAL LABORATORIES, SUPPORTING THE FOOD EMERGENCY RESPONSE NETWORK (FERN), AND SPONSORING CONFERENCES AND SYMPOSIA ON TOPICS OF INTEREST TO PUBLIC HEALTH LABORATORIES THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC ALSO RECEIVED FUNDING THROUGH THE AMERICAN REINVESTMENT AND RECOVERY ACT OF 2009 TO ASSIST PUBLIC HEALTH LABORATORIES TO IMPROVE TIMELY AND ACCURATE IDENTIFICATION AND CONTOL OF VACCINE-PREVENTABLE DISEASES, AND TO PROVIDE TECHNICAL ASSISTANCE TO PUBLIC HEALTH LABORATORIES AND PUBLIC HEALTH AGENCIES

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 31,976,844

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*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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*	6		No
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
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*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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 (see instructions)*	17		No
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*	18		No
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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
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? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	88		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
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	108		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			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		No
b	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).**					
a	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
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?		2		No
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? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL , CA , MA , MD

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

APHLLISA KINGSLEY CONTROLLER
8515 GEORGIA AVE NO 700
SILVER SPRING,MD 20910
(240)485-2745

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) PATRICK LUEDTKE PRESIDENT	4 00	X		X				0	0	0
(2) VICTOR WADDELL PRESIDENT-ELECT	4 00	X		X				0	0	0
(3) SUSAN NEILL PAST PRESIDENT	4 00	X						0	0	0
(4) DAVID A BUTCHER SECRETARY TREASURER	4 00	X		X				0	0	0
(5) JACK DEBOY II MEMBER-AT-LARGE	4 00	X						0	0	0
(6) MARY CELOTTI MEMBER-AT-LARGE	4 00	X						0	0	0
(7) CHARLES BROKOPP MEMBER-AT-LARGE	4 00	X						0	0	0
(8) YVONNE HALE ASSOCIATE INSTITUTIONAL DI	4 00	X						0	0	0
(9) MARY SUE KITCHEN LOCAL INSTITUTIONAL DIRECT	4 00	X						0	0	0
(10) SCOTT BECKER EXECUTIVE DIRECTOR	44 00	X		X				272,580	0	71,098
(11) CAROL CLARK CHIEF OPERATING OFFICER	44 00			X				168,623	0	35,347
(12) LISA KINGSLEY CONTROLLER	44 00			X				78,202	0	29,560
(13) RALPH TIMPIERI SENIOR ADVISOR OF LABORATO	40 00					X		148,341	0	39,536
(14) EVA PERLMAN SENIOR DIRECTOR OF PROFESS	40 00					X		133,229	0	29,958
(15) ROSEMARY HUMES SENIOR ADVISOR OF SCIENTIF	40 00					X		136,610	0	47,129
(16) PETER KYRIACOPOULOS SENIOR DIRECTOR, PUB POLICY	40 00					X		116,992	0	43,378

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) LISA CHILCOTE DIRECTOR OF HUMAN RESOURCE	40 00					X		114,829	0	37,594
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,169,406	0	333,600

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 ▶ 10

			Yes	No
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*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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
THE ST JOHN GROUP LLC 3400 WEST HOSPITAL AVE SUITE 102 ATLANTA, GA 30341	INFORMATICS CONSULTING	1,242,976
WISCONSIN STATE LABORATORY OF HYGIENE 465 HENRY MALL ROAD MADISON, WI 53718	SPECIALIZED LABORATORY SURVEILLANCE SURV	552,740
PORTAL SOLUTIONS 2301 RESEARCH BLVD SUITE 105 ROCKVILLE, MD 20850	IT CONSULTING	411,521
COMP PRO MED INC 3418 MENDOCINO AVE SANTA ROSA, CA 95403	LABORATORY SYSTEMS CONSULTING	395,403
VANDERBILT UNIVERSITY MEDICAL CENTER ACASDEMIC RESEARCH ENTERPRISE DE ATLANTA, GA 31192	SPECIALIZED LABORATORY SURVEILLANCE SURV	369,929

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 ▶ 21

Part VIII Statement of Revenue

			(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	33,011,815				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	326,107				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		33,337,922			
Program Service Revenue		Business Code				
	2a WORKSHOPS	900099	855,237	855,237		
	b MEMBERSHIP DUES	900099	745,459	745,459		
	c CONFERENCE AND EXHIBIT	900099	392,359	392,359		
	d ADVERTISING	541800	45,850		45,850	
	e OTHER PROGRAM INCOME	900099	29,768	29,768		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		2,068,673			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		96,837			96,837
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	1,304,455				
	b Less cost or other basis and sales expenses	1,309,461				
	c Gain or (loss)	-5,006				
	d Net gain or (loss) . . . . . ▶		-5,006			-5,006
Other Revenue	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 . . ▶					
	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 . . ▶					
	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 . . ▶					
	Miscellaneous Revenue	Business Code				
	11a JOB TARGET	900004	3,493		3,493	
	b MAILING LIST	900099	2,800			2,800
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		6,293			
	12 **Total revenue.** See Instructions . . . ▶		35,504,719	2,022,823	49,343	94,631

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	3,049,258	3,049,258		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,737,427	1,737,427		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	572,262	121,655	450,607	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,029,606	5,482,122	547,484	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	613,404	456,715	156,689	
9 Other employee benefits	902,682	615,060	287,622	
10 Payroll taxes	473,554	358,828	114,726	
a Fees for services (non-employees) Management				
b Legal	4,054	3,834	220	
c Accounting	88,019	83,250	4,769	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	12,222,685	11,560,500	662,185	
12 Advertising and promotion				
13 Office expenses	1,568,112	1,434,064	134,048	
14 Information technology				
15 Royalties				
16 Occupancy	686,223	48,673	637,550	
17 Travel	4,476,079	4,442,215	33,864	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,252,508	1,247,375	5,133	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,307		135,307	
23 Insurance	13,716		13,716	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a LABORATORY SUPPLIES	539,736	539,736		
b EQUIPMENT PURCHASES/MAI	462,480	418,354	44,126	
c OTHER	416,811	240,208	176,603	
d SEMINAR FEES	125,120	117,127	7,993	
e DUES AND SUBSCRIPTIONS	22,507	20,443	2,064	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	35,391,550	31,976,844	3,414,706	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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			1	
	2	Savings and temporary cash investments		633,715	2	482,503
	3	Pledges and grants receivable, net		889,112	3	3,979,399
	4	Accounts receivable, net		1,350,275	4	173,635
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		107,108	9	190,406
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,347,262			
	b	Less accumulated depreciation	10b 874,713	607,856	10c	472,549
	11	Investments—publicly traded securities		2,264,182	11	3,120,615
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,852,248	16	8,419,107
Liabilities	17	Accounts payable and accrued expenses		2,714,212	17	4,753,079
	18	Grants payable			18	
	19	Deferred revenue		905,427	19	1,054,036
	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		516,031	25	461,327
	26	**Total liabilities.** Add lines 17 through 25		4,135,670	26	6,268,442
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,711,842	27	2,145,929
	28	Temporarily restricted net assets		4,736	28	4,736
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		1,716,578	33	2,150,665
	34	Total liabilities and net assets/fund balances		5,852,248	34	8,419,107

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,504,719
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,391,550
3	Revenue less expenses Subtract line 2 from line 1	3	113,169
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,716,578
5	Other changes in net assets or fund balances (explain in Schedule O)	5	320,918
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,150,665

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	3a	Yes	
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	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
ASSOCIATION OF PUBLIC HEALTH LABORATORIES INC

Employer identification number
52-1800436

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	17,601,682	21,819,636	23,721,488	33,429,976	34,083,381	130,656,163
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	17,601,682	21,819,636	23,721,488	33,429,976	34,083,381	130,656,163
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)						
6 **Public Support.** Subtract line 5 from line 4						130,656,163

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	17,601,682	21,819,636	23,721,488	33,429,976	34,083,381	130,656,163
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,956	20,834	48,217	33,701	96,837	241,545
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,829	27,816	11,076	41,721
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	53,539	124,891		1,307	2,800	182,537
11 **Total support** (Add lines 7 through 10)						131,121,966

12	Gross receipts from related activities, etc (See instructions)	12	5,421,231

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 640 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 600 %

16a **33 1/3% support test—2010.** 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 ▶☑

b **33 1/3% support test—2009.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 ▶☐

b **10%-facts-and-circumstances test—2009.** 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 ▶☐

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 ▶☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
ASSOCIATION OF PUBLIC HEALTH LABORATORIES INC	52-1800436

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 funtion 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 the filing organization made payments 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-

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	8,997	
c Total lobbying expenditures (add lines 1a and 1b)	8,997	
d Other exempt purpose expenditures	35,382,553	
e Total exempt purpose expenditures (add lines 1c and 1d)	35,391,550	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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? ☐ Yes ☐ 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	38,210	10,698	528	8,997	58,433
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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) Yes	(a) No	(b) 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 lines 1c through 1i			
2a	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?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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) non-deductible 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.

Identifier	Return Reference	Explanation

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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

2010

Open to Public Inspection

Name of the organization
ASSOCIATION OF PUBLIC HEALTH LABORATORIES INC

Employer identification number
52-1800436

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 taxable 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 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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 the 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 Investment earnings or 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		838,461	466,900	371,561
d Equipment		508,801	407,813	100,988
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				472,549

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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) should 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) should 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	
DEFERRED RENT	461,327
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	461,327

2. FIN 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,504,719
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,391,550
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	113,169
4	Net unrealized gains (losses) on investments	4	320,918
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 - 8	9	320,918
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	434,087

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	35,825,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	320,918		
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	320,918
3	Subtract line **2e** from line **1**			3	35,504,719
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	35,504,719

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

1	Total expenses and losses per audited financial statements			1	35,391,550
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	0
3	Subtract line **2e** from line **1**			3	35,391,550
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	35,391,550

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME IN ADDITION, THE ASSOCIATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION THE ASSOCIATION HAS INSIGNIFICANT NET INCOME FROM UNRELATED ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2011 THE ASSOCIATION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS ON JULY 1, 2009 THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE TAX RETURNS FOR THE FISCAL YEARS ENDED 2008 THROUGH 2010 ARE OPEN TO EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ASSOCIATION OF PUBLIC HEALTH LABORATORIES INC

Employer identification number
52-1800436

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶ 55

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use 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
(1) FELLOW SUPPORT	69	1,737,427			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 IN ACCORDANCE WITH THE TERMS OF OUR AWARDS, THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC PROVIDES SUBGRANTS TO QUALIFIED ORGANIZATIONS ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC MONITORS THE USE OF THESE FUNDS PRIMARILY THROUGH PERIODIC PROGRESS REPORTS AND MEETINGS WITH THE APPROPRIATE STAFF AT THE RECIPIENT ORGANIZATION WE ALSO REVIEW THE RECIPIENT ORGANIZATION'S A-133 AUDIT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1800436
Name: ASSOCIATION OF PUBLIC HEALTH LABORATORIES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 BUREAU OF CLINICAL LABORATORIES 201 MONROE STREET MONTGOMERY,AL 36104	63-1106545	STATE OF ALABAMA	40,010				SUBGRANT
ALASKA STATE PUBLIC HEALTH LABORATORY5455 DR ML KING JR AVE ANCHORAGE,AK 99507	92-6001185	STATE OF ALASKA	43,580				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN SAMOA DEPARTMENT OF HEALTH LBJ TROPICAL MEDICAL CENTER PAGO PAGO,AS 96799	97-0000676	AMERICAN SAMOA TERR	8,000				SUBGRANT
ARIZONA DEPARTMENT OF HEALTH SERVICES250 N 17TH AVENUE PHOENIX,AZ 85007	86-6004791	STATE OF ARIZONA	50,917				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ARKANSAS DEPARTMENT OF HEALTH4815 WEST MARKHAM STREET LITTLE ROCK,AR 72205	71-0847443	STATE OF ARKANSAS	45,249				SUBGRANT
CITY OF MILWAUKEE HEALTH DEPARTMENT841 NORTH BROADWAY ROOM 205 MILWAUKEE,WI 53202	39-6005532	CITY OF MILWAUKEE GV	24,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT4300 CHERRY CREEK DRIVE SOUTH DENVER,CO 80246	84-0644739	STATE OF COLORADO	35,000				SUBGRANT
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH10 CLINTON ST HARTFORD,CT 06144	06-6000798	STATE OF CONNECTICUT	25,486				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
DELAWARE PUBLIC HEALTH LABORATORY30 SUNNYSIDE ROAD SMYRNA,DE 19977	51-6000279	STATE OF DELEWARE	55,000				SUBGRANT
DISTRICT OF COLUMBIA PUBLIC HEALTH LABORATORY300 INDIANA AVENUE NW 6154 WASHINGTON,DC 20001	63-6001131	DC GOVERNMENT	12,190				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FEDERATED STATES OF MICRONESIA DEPARTMENT OF HEALTH AND SOCIAL AFFAIRS1 CAPITOL ROL PALIKIR POHNPEI,FM 96941		MICRONESIA TERRITORY	10,000				SUBGRANT
FLORIDA DEPARTMENT OF HEALTH BUREAU OF LABORATORIES1217 N PEARL STREET JACKSONVILLE,FL 32202	59-3502843	STATE OF FLORIDA	154,909				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GEORGIA PUBLIC HEALTH LABORATORY2 PEACHTREE STREET NE 34TH FLOOR ATLANTA,GA 30303	58-1282972	STATE OF GEORGIA	67,399				SUBGRANT
HEALTH RESEARCH INC GNARESP CORNING TOWER ROOM 503 ALBANY,NY 12237	14-1402155	501(C)(3)	49,671				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HOUSTON DEPARTMENT OF HEALTH & HUMAN SERVICES1115 S BRAESWOOD BLVD HOUSTON,TX 77030	74-6001164	HOUSTON GOVERNMENT	41,390				SUBGRANT
IDAHO BUREAU OF LABORATORIES2220 OLD PENITENTIARY ROAD BOISE,ID 83712	82-6000995	STATE OF IDAHO	35,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ILLINOIS DEPT OF PUBLIC HEALTH525 W JEFFERSON STREET SPRINGFIELD,IL 62761	01-0632628	STATE OF ILLINOIS	52,455				SUBGRANT
INDIANA STATE DEPARTMENT OF HEALTH2 NORTH MERIDIAN STREET INDIANAPOLIS,IN 46204	35-6000158	STATE OF INDIANA	35,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
KANSAS HEALTH & ENVIRONMENTAL LABORATORIES1000 SW JACKSON STE 570 TOPEKA,KS 66612	48-6029925	STATE OF KANSAS	38,239				SUBGRANT
KENTUCKY DIVISION OF LABORATORY SERVICES 100 SOWER BLVD SUITE 204 FRANKFORT,KY 40601	61-0600439	STATE OF KENTUCKY	45,891				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LOS ANGELES DEPARTMENT OF PUBLIC HEALTH LABORATORIES 12750 ERICKSON AVE DOWNEY,CA 90242	95-6000927	LA GOVERNMENT	114,080				SUBGRANT
LOUISIANA OFFICE OF PUBLIC HEALTH LABORATORIES325 LOYOLA AVENUE 709 NEW ORLEANS,LA 70112	72-6700082	STATE OF LOUISANA	28,014				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MAINE STATE HEALTH & ENVIRONMENTAL TESTING LAB221 STATE STREET AUGUSTA,ME 04333	01-6000001	STATE OF MAINE	33,766				SUBGRANT
MARSHALL ISLANDS DEPARTMENT OF HEALTH PO BOX 2 MAJURO,MH 96960		MARSHALL ISLAND STAT	8,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE201 WEST PRESTON STREET BALTIMORE,MD 21201	52-6002023	STATE OF MARYLAND	67,004				SUBGRANT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH 201 TOWNSEND STREET LANSING,MI 48913	38-6000134	STATE OF MICHIGAN	55,750				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MINISTRY OF HEALTH REPUBLIC OF PALAU BUREAU OF PUBLIC HEALTH MOH PALAU 96940 PS		PALAU TERRITORY	10,000				SUBGRANT
MINNESOTA DEPARTMENT OF HEALTH601 ROBERT ST N ST PAUL,MN 55164	41-6007162	STATE OF MINNESOTA	50,771				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MISSISSIPI PUBLIC HEALTH LABORATORY570 EAST WOODROW WILSON DRIVE JACKSON,MS 39216	64-6000775	STATE OF MISSISSIPI	49,581				SUBGRANT
MONTANA LABORATORY SERVICES BUREAU1400 BROADWAY HELENA,MT 59601	81-0302402	STATE OF MONTANA	135,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NEBRASKA PUBLIC HEALTH LABORATORY 981180 NEBRASKA MEDICAL CENTER OMAHA,NE 68198	47-0049123	STATE OF NEBRASKA	64,314				SUBGRANT
NEW HAMPSHIRE DIVISION OF PUBLIC HEALTH SERVICES129 PLEASANT STREET CONCORD,NH 03301	02-6000618	STATE OF NEW HAMPSHI	35,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NEW MEXICO DEPARTMENT OF HEALTH1101 CAMINO DE SALUD NE ALBUQUERQUE,NM 87102	85-6000565	STATE OF NEW MEXICO	42,181				SUBGRANT
NEW YORK CITY DEPT OF HEALTH AND MENTAL HYGIENE42-09 28TH ST 15TH FL CN 48 NEW YORK,NY 11101	13-6400434	CITY OF NEW YORK	86,234				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 HEALTH246 N HIGH ST COLUMBUS,OH 43215	31-1334820	STATE OF OHIO	35,000				SUBGRANT
OKLAHOMA STATE DEPARTMENT OF HEALTH 1000 NE 10TH STREET OKLAHOMA CITY,OK 73117	73-6017987	STATE OF OKLAHOMA	75,190				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
OREGON STATE PUBLIC HEALTH LABORATORY800 NE OREGON STREET PORTLAND,OR 97232	93-6001752	STATE OF OREGON	23,923				SUBGRANT
PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION 345 QUEEN STREET SUITE 604 HONOLULU,HI 96813	20-0298040	501(C)(3)	162,795				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PENNSYLVANIA DEPARTMENT OF HEALTH 7TH FORSTER STREETS HARRISBURG,PA 17120	23-6003104	STATE OF PA	25,815				SUBGRANT
PUERTO RICO PUBLIC HEALTH LABORATORY DEPT OF HEALTH BUILDING A SAN JUAN,PR 00936	66-0437470	PUERTO RICO TERRITOR	32,924				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
RHODE ISLAND STATE HEALTH LABORATORIES50 ORMS STREET PROVIDENCE,RI 02904	05-6000522	STATE OF RHODE ISLAN	35,030				SUBGRANT
SAN DIEGO PUBLIC HEALTH LABORATORY3851 ROSECRANS STREET SAN DIEGO,CA 92110	95-6000934	CITY OF SAN DIEGO	97,242				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SAN FRANCISCO PUBLIC HEALTH LABORATORY101 GROVE STREET SAN FRANCISCO,CA 94102	94-6000417	CITY OF SAN FRANCISC	33,332				SUBGRANT
SOUTH CAROLINA BUREAU OF LABORATORIES2600 BULL STREET COLUMBIA,SC 29201	57-6000286	STATE OF SOUTH CARLO	35,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SOUTH DAKOTA PUBLIC HEALTH LABORATORY615 EAST 4TH ST PIERRE,SD 57501	46-6000364	STATE OF SOUTH DAKOT	34,920				SUBGRANT
SOUTHERN NEVADA PUBLIC HEALTH LABORATORY625 SHADOW LANE LAS VEGAS,NV 89106	88-0151573	STATE OF NEVADA	20,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
STATE OF HAWAII DEPARTMENT OF HEALTH 2725 WAIMANO HOME ROAD HONOLULU,HI 96782	99-6000449	STATE OF HAWAII	34,752				SUBGRANT
TENNESSEE DEPARTMENT OF HEALTH710 JAMES ROBERTSON PARKWAY NASHVILLE,TN 37243	62-6001445	STATE OF TENNESSEE	50,617				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TEXAS DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49TH STREET AUSTIN,TX 78714	32-0113643	STATE OF TEXAS	154,619				SUBGRANT
UNIVERISTY OF IOWA STATE HYGENIC LABORATORY102 OAKDALE CAMPUS H102 OH IOWA CITY,IA 52242	42-6004813	STATE OF IOWA	155,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	STATE OF MASSUCHUSET	63,746				SUBGRANT
UTAH UNIFIED STATE LABORATORIES4431 SOUTH 2700 WEST TAYLORSVILLE,UT 84119	87-6000545	STATE OF UTAH	55,000				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
VIRGINIA DIVISION OF CONSOLIDATED LABORATORY SERVICES 600 N 5TH STREET RICHMOND,VA 23219	54-1056975	STATE OF VIRGINIA	64,082				SUBGRANT
WASHINGTON STATE PUBLIC HEALTH LABORATORY1610 NE 150TH STREET SHORELINE,WA 98155	94-1444603	STATE OF WASHINGTON	70,755				SUBGRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
WEST VIRGINIA DEPT OF HEALTH AND HUMAN RESOURCES350 CAPITAL STREET CHARLESTON,WV 25301	55-6000810	STATE OF WEST VIRGIN	35,000				SUBGRANT
WISCONSIN STATE LABORATORY OF HYGIENE 465 HENRY MALL ROAD MADISON,WI 53718	39-1805963	STATE OF WISCONSIN	79,000				SUBGRANT

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Schedule J (Form 990)

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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ASSOCIATION OF PUBLIC HEALTH LABORATORIES INC

Employer identification number
52-1800436

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT BECKER	(i)	272,580	0	0	16,500	54,598	343,678	0
	(ii)	0	0	0	0	0	0	0
(2) CAROL CLARK	(i)	168,623	0	0	2,600	32,747	203,970	0
	(ii)	0	0	0	0	0	0	0
(3) RALPH TIMPIERI	(i)	148,341	0	0	22,000	17,536	187,877	0
	(ii)	0	0	0	0	0	0	0
(4) EVA PERLMAN	(i)	133,229	0	0	0	29,958	163,187	0
	(ii)	0	0	0	0	0	0	0
(5) ROSEMARY HUMES	(i)	136,610	0	0	22,000	25,129	183,739	0
	(ii)	0	0	0	0	0	0	0
(6) PETER KYRIACOPOULOS	(i)	116,992	0	0	12,469	30,909	160,370	0
	(ii)	0	0	0	0	0	0	0
(7) LISA CHILCOTE	(i)	114,829	0	0	16,500	21,094	152,423	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135023802

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
ASSOCIATION OF PUBLIC HEALTH LABORATORIES INC	52-1800436

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		PUBLIC HEALTH INSTITUTIONAL/STATE MEMBERS (PHI/STATE) SHALL BE ANY OF THE PUBLIC HEALTH LA BORATORIES OF THE STATES, TERRITORIES, AND COMMONWEALTHS, INCLUDING THE DISTRICT OF COLUMB IA, OF THE UNITED STATES, AS WELL AS ANY US-ASSOCIATED PACIFIC ISLANDS, WHO HAVE PAID THE ASSOCIATION THE APPLICABLE ORGANIZATIONAL DUES A PHI/STATE MEMBER OF THE ASSOCIATION MAY BE REPRESENTED BY ANY ONE OF THE PHI/STATE MEMBER'S DIRECTOR(S) OF ITS PUBLIC HEALTH LABOR ATORY IF SUCH A MEMBER-REPRESENTATIVE IS UNABLE TO SERVE AT ANY MEETING OF THE ASSOCIATIO N, THE MEMBER-REPRESENTATIVE MAY DESIGNATE ANY OF HIS OR HER OFFICIAL STAFF AS ENTITLED TO SPEAK AND VOTE ON ANY OR ALL QUESTIONS COMING BEFORE THE ASSOCIATION SUCH DESIGNATION MU ST BE MADE IN WRITING BEFORE EACH MEETING AND WILL NOT BE AUTOMATICALLY RENEWED THE VOTE OF ANY SUCH DESIGNEE SHALL BE BINDING ON THE PRINCIPAL, THE SAME AS THOUGH THE MEMBER-REPR ESENTATIVE WERE PRESENT AND VOTING IN PERSON IN ADDITION, MEMBER REPRESENTATIVES MAY VOTE FOR OFFICERS AND PHI/STATE DIRECTORS OF THE ASSOCIATION, HOLD ELECTED OFFICE AS OFFICERS AND REGULAR DIRECTORS, HOLD APPOINTED OFFICE (E.G , COMMITTEE CHAIR, LIAISON, TASK FORCE), SERVE ON COMMITTEES, AND SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING UPON FULL PAYM ENT OF DUES BY THE PHI/STATE, THE MEMBER-REPRESENTATIVE OF A PHI/STATE MEMBER MAY APPOINT UP TO THREE PUBLIC HEALTH LABORATORY EMPLOYEES TO SERVE AS MEMBER DELEGATES, THE PHI/STATE MEMBER REPRESENTATIVE MAY APPOINT ANY NUMBER OF ADDITIONAL MEMBER-DELEGATES UPON PAY MENT OF THE APPLICABLE ASSESSMENT(S), AS DETERMINED BY THE BOARD OF DIRECTORS MEMBER DELEGATES MAY NOT VOTE BUT SHALL HAVE THE RIGHT TO HOLD APPOINTED (BUT NOT ELECTED) OFFICE (E.G , C OMMITTEE CHAIR, LIAISON, TASK FORCE), TO SERVE ON COMMITTEES, AND TO SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING PUBLIC HEALTH INSTITUTIONAL/LOCAL MEMBERS (PHI/LOCAL) SHALL B E ANY OF THE PUBLIC HEALTH LABORATORIES OF THE COUNTIES, PARISHES, MUNICIPALITIES, CITIES, TOWNSHIPS, BOROUGHS OR OTHER LOCALITIES WITHIN THE UNITED STATES, AS WELL AS ANY US-ASSOC IATED PACIFIC ISLANDS, WHICH HAVE PAID THE PHI/LOCAL MEMBER ORGANIZATIONAL DUES A PHI/LOC AL MEMBER OF THE ASSOCIATION MAY BE REPRESENTED BY ANY ONE OF THE PHI/LOCAL MEMBER'S DIREC TOR(S) OF LOCAL PUBLIC HEALTH LABORATORIES IF SUCH A MEMBER-REPRESENTATIVE IS UNABLE TO S ERVE AT ANY MEETING OF THE ASSOCIATION, THE MEMBER-REPRESENTATIVE MAY DESIGNATE ANY OF HIS OR HER OFFICIAL STAFF AS ENTITLED TO SPEAK ON ANY OR ALL QUESTIONS COMING BEFORE THE ASSO CIATION SUCH DESIGNATION MUST BE MADE IN WRITING BEFORE EACH MEETING AND WILL NOT BE AUTO MATICALLY RENEWED MEMBER REPRESENTATIVES MAY VOTE FOR AND SERVE AS A PHI/LOCAL DIRECTOR, SERVE IN ELECTED OR APPOINTED OFFICE, SERVE ON COMMITTEES, AND SPEAK FROM THE FLOOR OF A G ENERAL MEMBER MEETING UPON FULL PAYMENT OF DUES BY THE PHI/LOCAL MEMBER, THE MEMBER-REPRE SENTATIVE OF A PHI/LOCAL MEMBER MAY APPOINT UP TO THREE LOCAL PUBLIC HEALTH LABORATORY EMP LOYEES TO SERVE AS MEMBER DELEGATES, THE PHI/STATE MEMBER REPRESENTATIVE MAY APPOINT ANY N UMBER OF ADDITIONAL MEMBER-DELEGATES UPON PAYMENT OF THE APPLICABLE ASSESSMENT, AS DETERMI NED BY THE BOARD OF DIRECTORS MEMBER DELEGATES MAY NOT VOTE BUT SHALL HAVE THE RIGHT TO H OLD APPOINTED (BUT NOT ELECTED) OFFICE (E.G , COMMITTEE CHAIR, LIAISON, TASK FORCE), TO SE RVE ON COMMITTEES, AND TO SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING ASSOCIATE INST ITUTIONAL MEMBERS ARE ENVIRONMENTAL LABORATORIES, AGRICULTURAL LABORATORIES AND OTHER LABO RATORIES OF THE STATES, TERRITORIES, AND COMMONWEALTHS, INCLUDING THE DISTRICT OF COLUMBIA , OF THE UNITED STATES, AS WELL AS ANY US-ASSOCIATED PACIFIC ISLANDS, WHO ARE INTERESTED I N PUBLIC HEALTH ISSUES BUT ARE NOT ELIGIBLE AS PHI/STATE MEMBERS AND WHO HAVE PAID THE ASS OCIATION THE APPLICABLE ORGANIZATIONAL DUES AN ASSOCIATE INSTITUTIONAL MEMBER OF THE ASSO CIATION MAY BE REPRESENTED BY ANY ONE OF THE ASSOCIATE INSTITUTIONAL MEMBER'S DIRECTOR(S) OF ITS LABORATORIES IF SUCH A MEMBER-REPRESENTATIVE IS UNABLE TO SERVE AT ANY MEETING OF THE ASSOCIATION, THE MEMBER-REPRESENTATIVE MAY DESIGNATE ANY OF HIS OR HER OFFICIAL STAFF AS ENTITLED TO SPEAK ON ANY OR ALL QUESTIONS COMING BEFORE THE ASSOCIATION SUCH DESIGNATI ON MUST BE MADE IN WRITING BEFORE EACH MEETING AND WILL NOT BE AUTOMATICALLY RENEWED MEMB ER REPRESENTATIVES MAY VOTE FOR AND SERVE AS THE ASSOCIATE INSTITUTIONAL DIRECTOR, SERVE I N ELECTED OR APPOINTED OFFICE, SERVE ON COMMITTEES, AND SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING UPON FULL PAYMENT OF DUES BY THE ASSOCIATE INSTITUTIONAL MEMBER, THE MEMBE R-REPRESENTATIVE OF AN ASSOCIATE INSTITUTIONAL MEMBER MAY APPOINT UP TO THREE OF ITS LABOR ATORY EMPLOYEES TO SERVE AS MEMBER DELEGATES, THE ASSOCIATE INSTITUTIONAL MEMBER REPRESENT ATIVE MAY APPOINT ANY NUMBER OF ADDITIONAL MEMBER-DELEGATES UPON PAYMENT OF THE APPLICABLE ASSESSMENT, AS DETERMINED BY THE BOARD OF DIRECTORS MEMBER DELEGATES MAY NOT VOTE BUT SH ALL HAVE THE RIGHT TO HOLD APPOINTED (BUT NOT ELEC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		TED) OFFICE (E.G , COMMITTEE CHAIR, LIAISON, TASK FORCE), TO SERVE ON COMMITTEES, AND TO S PEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING INDIVIDUAL MEMBERS ARE PERSONS WHO HAVE A N INTEREST IN PUBLIC HEALTH OR ENVIRONMENTAL HEALTH AND ARE NOT OTHERWISE ELIGIBLE FOR MEM BERSHIP INDIVIDUAL MEMBERS MAY SPEAK FROM THE FLOOR AND ARE ELIGIBLE TO SERVE ON COMMITTE ES BUT SHALL NOT HOLD APPOINTED NOR ELECTED OFFICE OR HAVE THE RIGHT TO VOTE EMERITUS MEM BERS ARE THOSE RETIRED INDIVIDUALS WHO HAVE SERVED AS MEMBER-REPRESENTATIVE FOR AT LEAST F IVE YEARS AS LABORATORY DIRECTOR EMERITUS MEMBERS MAY HOLD APPOINTED OFFICE (E.G COMMITT EE CHAIR, LIAISON, TASK FORCE), SERVE ON COMMITTEES, AND SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING EMERITUS MEMBERS MAY NOT VOTE AND MAY NOT HOLD ELECTED OFFICE EMERITUS M EMBERS ARE EXEMPT FROM PAY ING DUES SUSTAINING MEMBERS ARE INDUSTRY OR CORPORATE ENTITIES THAT HAVE AN INTEREST IN PUBLIC HEALTH OR ENVIRONMENTAL LABORATORIES A SUSTAINING MEMBER MAY DESIGNATE ONLY ONE INDIVIDUAL REPRESENTATIVE THE INDIVIDUAL REPRESENTATIVE OF A SUSTA INING MEMBER MAY SERVE ON COMMITTEES AND MAY SPEAK FROM THE FLOOR BUT NEITHER THE SUSTAINI NG MEMBER NOR ITS INDIVIDUAL REPRESENTATIVE SHALL HAVE ANY OTHER RIGHT OR PRIVILEGE HONOR ARY MEMBERS ARE THOSE INDIVIDUALS BESTOWED BY THE ASSOCIATION FOR HAVING MADE OUTSTANDING CONTRIBUTIONS TO PUBLIC HEALTH LABORATORIES OR WHO HAVE SERVED THE ASSOCIATION WITH DISTIN CTION ALL ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC LIFETIME ACHIEVEMENT AWARD RECI PIENTS WILL BE MADE HONORARY MEMBERS THEY MAY HOLD APPOINTED OFFICE (E.G COMMITTEE CHAIR , LIAISON, TASKFORCE), SERVE ON COMMITTEES, AND SPEAK FROM THE FLOOR OF A GENERAL MEMBER M EETING HONORARY MEMBERS MAY NOT VOTE AND MAY NOT HOLD ELECTED OFFICE HONORARY MEMBERS AR E EXEMPT FROM PAY ING DUES

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FORM 990, PART VI, SECTION A, LINE 7A		PUBLIC HEALTH INSTITUTIONAL/STATE MEMBERS (PHI/STATE) SHALL BE ANY OF THE PUBLIC HEALTH LA BORATORIES OF THE STATES, TERRITORIES, AND COMMONWEALTHS, INCLUDING THE DISTRICT OF COLUMB IA, OF THE UNITED STATES, AS WELL AS ANY US-ASSOCIATED PACIFIC ISLANDS, WHO HAVE PAID THE ASSOCIATION THE APPLICABLE ORGANIZATIONAL DUES A PHI/STATE MEMBER OF THE ASSOCIATION MAY BE REPRESENTED BY ANY ONE OF THE PHI/STATE MEMBER'S DIRECTOR(S) OF ITS PUBLIC HEALTH LABOR ATORY IF SUCH A MEMBER-REPRESENTATIVE IS UNABLE TO SERVE AT ANY MEETING OF THE ASSOCIATIO N, THE MEMBER-REPRESENTATIVE MAY DESIGNATE ANY OF HIS OR HER OFFICIAL STAFF AS ENTITLED TO SPEAK AND VOTE ON ANY OR ALL QUESTIONS COMING BEFORE THE ASSOCIATION SUCH DESIGNATION MU ST BE MADE IN WRITING BEFORE EACH MEETING AND WILL NOT BE AUTOMATICALLY RENEWED THE VOTE OF ANY SUCH DESIGNEE SHALL BE BINDING ON THE PRINCIPAL, THE SAME AS THOUGH THE MEMBER-REPR ESENTATIVE WERE PRESENT AND VOTING IN PERSON IN ADDITION, MEMBER REPRESENTATIVES MAY VOTE FOR OFFICERS AND PHI/STATE DIRECTORS OF THE ASSOCIATION, HOLD ELECTED OFFICE AS OFFICERS AND REGULAR DIRECTORS, HOLD APPOINTED OFFICE (E.G , COMMITTEE CHAIR, LIAISON, TASK FORCE), SERVE ON COMMITTEES, AND SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING UPON FULL PAYM ENT OF DUES BY THE PHI/STATE, THE MEMBER-REPRESENTATIVE OF A PHI/STATE MEMBER MAY APPOINT UP TO THREE PUBLIC HEALTH LABORATORY EMPLOYEES TO SERVE AS MEMBER DELEGATES, THE PHI/STATE MEMBER REPRESENTATIVE MAY APPOINT ANY NUMBER OF ADDITIONAL MEMBER-DELEGATES UPON PAY MENT OF THE APPLICABLE ASSESSMENT(S), AS DETERMINED BY THE BOARD OF DIRECTORS MEMBER DELEGATES MAY NOT VOTE BUT SHALL HAVE THE RIGHT TO HOLD APPOINTED (BUT NOT ELECTED) OFFICE (E.G , C OMMITTEE CHAIR, LIAISON, TASK FORCE), TO SERVE ON COMMITTEES, AND TO SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING PUBLIC HEALTH INSTITUTIONAL/LOCAL MEMBERS (PHI/LOCAL) SHALL B E ANY OF THE PUBLIC HEALTH LABORATORIES OF THE COUNTIES, PARISHES, 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MEMBER'S DIRECTOR(S) OF ITS LABORATORIES IF SUCH A MEMBER-REPRESENTATIVE IS UNABLE TO SERVE AT ANY MEETING OF THE ASSOCIATION, THE MEMBER-REPRESENTATIVE MAY DESIGNATE ANY OF HIS OR HER OFFICIAL STAFF AS ENTITLED TO SPEAK ON ANY OR ALL QUESTIONS COMING BEFORE THE ASSOCIATION SUCH DESIGNATI ON MUST BE MADE IN WRITING BEFORE EACH MEETING AND WILL NOT BE AUTOMATICALLY RENEWED MEMB ER REPRESENTATIVES MAY VOTE FOR AND SERVE AS THE ASSOCIATE INSTITUTIONAL DIRECTOR, SERVE I N ELECTED OR APPOINTED OFFICE, SERVE ON COMMITTEES, AND SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING UPON FULL PAYMENT OF DUES BY THE ASSOCIATE INSTITUTIONAL MEMBER, THE MEMBE R-REPRESENTATIVE OF AN ASSOCIATE INSTITUTIONAL MEMBER MAY APPOINT UP TO THREE OF ITS LABOR ATORY EMPLOYEES TO SERVE AS MEMBER DELEGATES, THE ASSOCIATE INSTITUTIONAL MEMBER REPRESENT ATIVE MAY APPOINT ANY NUMBER OF ADDITIONAL MEMBER-DELEGATES UPON PAYMENT OF THE APPLICABLE ASSESSMENT, AS DETERMINED BY THE BOARD OF DIRECTORS MEMBER DELEGATES MAY NOT 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FORM 990, PART VI, SECTION A, LINE 7A		TED) OFFICE (E.G , COMMITTEE CHAIR, LIAISON, TASK FORCE), TO SERVE ON COMMITTEES, AND TO S PEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING INDIVIDUAL MEMBERS ARE PERSONS WHO HAVE A N INTEREST IN PUBLIC HEALTH OR ENVIRONMENTAL HEALTH AND ARE NOT OTHERWISE ELIGIBLE FOR MEM BERSHIP INDIVIDUAL MEMBERS MAY HOLD APPOINTED OFFICE (E.G COMMITTEE CHAIR, LIAISON, TASK FORCE) OR SERVE ON COMMITTEES, AND MAY SPEAK FROM THE FLOOR BUT SHALL NOT HOLD ELECTED OF FICE OR HAVE THE RIGHT TO VOTE EMERITUS MEMBERS ARE THOSE RETIRED INDIVIDUALS WHO HAVE SE RVED AS MEMBER REPRESENTATIVE FOR AT LEAST FIVE YEARS IN ANY INSTITUTIONAL CATEGORY EMERI TUS MEMBERS MAY HOLD APPOINTED OFFICE (E.G COMMITTEE CHAIR, LIAISON, TASK FORCE), SERVE O N COMMITTEES, AND SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING EMERITUS MEMBERS MAY N OT VOTE AND MAY NOT HOLD ELECTED OFFICE RETIRED MEMBERS ARE THOSE INDIVIDUALS WHO ARE 55 YEARS OF AGE OR OLDER, HAVE BEEN A MEMBER OF ASSOCIATION OF PUBLIC HEALTH LABORATORIES, IN C FOR 5 CONSECUTIVE YEARS OR MORE, AND ARE FULLY RETIRED FROM THE FIELD OF LABORATORY SCI ENCE, WHERE "RETIRED" IS DEFINED AS AN INDIVIDUAL WHO HAS CEASED ALL COMPENSATED WORK IN T HE FIELD OF LABORATORY SCIENCE (INDIVIDUALS WHO HAVE RETIRED FROM THE LABORATORY BUT CONT INUE TO WORK ANY AMOUNT OF TIME FOR PAY CONSULTING, TEACHING, CONTRACTING, ETC, IN ANY SET TING, PUBLIC OR PRIVATE IN THE FIELD OF LABORATORY SCIENCE, OR RELATED TO LABORATORY SCIEN CE WILL NOT BE CONSIDERED RETIRED) RETIRED MEMBERS MAY HOLD APPOINTED OFFICE (E.G COMMIT TEE CHAIR, LIAISON, TASK FORCE), SERVE ON COMMITTEES, AND SPEAK FROM THE FLOOR OF A GENERA L MEMBER MEETING RETIRED MEMBERS MAY NOT VOTE AND MAY NOT HOLD ELECTED OFFICE SUSTAINING MEMBERS ARE INDUSTRY OR CORPORATE ENTITIES THAT HAVE AN INTEREST IN PUBLIC HEALTH OR ENVI RONMENTAL LABORATORIES A SUSTAINING MEMBER MAY DESIGNATE ONLY ONE INDIVIDUAL REPRESENTATI VE THE INDIVIDUAL REPRESENTATIVE OF A SUSTAINING MEMBER MAY SERVE ON COMMITTEES AND MAY S PEAK FROM THE FLOOR BUT NEITHER THE SUSTAINING MEMBER NOR ITS INDIVIDUAL REPRESENTATIVE SH ALL HAVE ANY OTHER RIGHT OR PRIVILEGE HONORARY MEMBERS ARE THOSE INDIVIDUALS BESTOWED BY THE ASSOCIATION FOR HAVING MADE OUTSTANDING CONTRIBUTIONS TO PUBLIC HEALTH LABORATORIES OR WHO HAVE SERVED THE ASSOCIATION WITH DISTINCTION ALL ASSOCIATION OF PUBLIC HEALTH LABORA TORIES, INC LIFETIME ACHIEVEMENT AWARD RECIPIENTS WILL BE MADE HONORARY MEMBERS THEY MAY HOLD APPOINTED OFFICE (E.G COMMITTEE CHAIR, LIAISON, TASKFORCE), SERVE ON COMMITTEES, AN D SPEAK FROM THE FLOOR OF A GENERAL MEMBER MEETING HONORARY MEMBERS MAY NOT VOTE AND MAY NOT HOLD ELECTED OFFICE HONORARY MEMBERS ARE EXEMPT FROM PAY ING DUES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		AFTER THE CHIEF OPERATING OFFICER AND AND EXECUTIVE DIRECTOR REVIEW THE 990, IT IS PROVIDED TO THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES, INC FINANCE COMMITTEE, WHICH REVIEWS AND APPROVES IT THE 990 IS THEN FILED WITH THE IRS THE FULL BOARD OF DIRECTORS RECEIVE A COPY OF 990 AFTER IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EACH FISCAL YEAR, BOARD MEMBERS REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT THE POLICY COVERS ALL BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON RESULTS OF INDEPENDENT MARKET EVALUATION BY THIRD PARTY AND PERFORMANCE FACTORS THE SALARY RANGES FOR ALL OTHER STAFF ARE APPROVED BY THE BOARD AFTER AN INDEPENDENT MARKET EVALUATION HAS TAKEN PLACE THE EXECUTIVE DIRECTOR IS ALLOWED TO SET SALARY FOR OTHER KEY STAFF WITHIN PRE-APPROVED RANGES THIS PROCESS WAS FOLLOWED IN 2011

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 320,918