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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

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2231 CRYSTAL DRIVE

Room/suite

450

City or town, state or country, and ZIP + 4

ARLINGTON, VA 22202**F** Name and address of principal officer **PAUL JARRIS****SAME AS C ABOVE****D** Employer identification number**35-1044487****E** Telephone number**202-371-9090****G** Gross receipts \$**16,172,466.****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.ASTHO.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1942****M** State of legal domicile: **DC****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets							
3	Number of voting members of the governing body (Part VI, line 1a)	3	13				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13				
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	89				
6	Total number of volunteers (estimate if necessary)	6	13				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	12,588,381.	15,961,952.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7)	1,586,457.	143,150.				
11	Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	10,130.	7,697.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,144.	59,667.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,197,112.	16,172,466.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,040,098.	1,224,029.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,042,127.	6,808,795.				
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,941,529.	7,890,166.				
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	14,023,754.	15,922,990.				
19	Revenue less expenses - Subtract line 18 from line 12	173,358.	249,476.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	5,202,934.	5,985,091.				
22	Net assets or fund balances - Subtract line 21 from line 20	3,023,652.	3,556,333.				
		2,179,282.	2,428,758.				

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	Signature of officer	<i>Paul E Jarris</i>		Date	5/14/2012	
	Type or print name and title	PAUL JARRIS, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
	DAVID F. GRALING CPA	<i>David F. Graling CPA</i>	5-14-12	<input type="checkbox"/>		
	Firm's name	GELMAN, ROSENBERG & FREEDMAN				Firm's EIN
	Firm's address	4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930				Phone no (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JUN 18 2012

90-16 23

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

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

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 \$ 6,305,470. including grants of \$ 716,111.) (Revenue \$ _____)
SEE SCHEDULE O.**4b** (Code _____) (Expenses \$ 4,177,412. including grants of \$ 428,456.) (Revenue \$ _____)
SEE SCHEDULE O.**4c** (Code _____) (Expenses \$ 2,566,526. including grants of \$ 79,461.) (Revenue \$ _____)
SEE SCHEDULE O.**4d** Other program services (Describe in Schedule O)
(Expenses \$ 2,854,884. including grants of \$ _____) (Revenue \$ 143,150.)**4e** Total program service expenses **▶** 15,904,292.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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

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

☒ X

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13			
b Enter the number of voting members included in line 1a, above, who are independent		13		
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			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Does the organization have members or stockholders?	6		X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
ROSE-ELLA SLAVIN - 202-371-9090
2231 CRYSTAL DRIVE, NO. 450, ARLINGTON, VA 22202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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			
JOHN AUERBACH PRESIDENT	7.50	X		X				0.	0.	0.
DAVID LAKEY PRESIDENT-ELECT	7.50	X		X				0.	0.	0.
PAUL HALVERSON IMMEDIATE PAST	7.50	X		X				0.	0.	0.
EARL HUNTER SECRETARY-TREASURER	7.50	X		X				0.	0.	0.
JOSE THIER MONTERO REPRESENTATIVE, REGION I	5.00	X						0.	0.	0.
NIRAV R. SHAH REPRESENTATIVE, REGION II	5.00	X						0.	0.	0.
KARYL THOMAS RATTAY REPRESENTATIVE, REGION III	5.00	X						0.	0.	0.
JEFFREY P. ENGEL REPRESENTATIVE, REGION IV	5.00	X						0.	0.	0.
TERRY L. CLINE REPRESENTATIVE, REGION VI	5.00	X						0.	0.	0.
JOANN SCHAEFER REPRESENTATIVE, REGION VII	5.00	X						0.	0.	0.
TERRY L. DWELLE REPRESENTATIVE, REGION VIII	5.00	X						0.	0.	0.
JOSEPH KEVIN VILLAGOMEZ REPRESENTATIVE, REGION IX	5.00	X						0.	0.	0.
MARY C. SELECKY PAST PRESIDENT & REP, REGION X	7.50	X						0.	0.	0.
PAUL JARRIS EXECUTIVE DIRECTOR	38.00			X				314,366.	0.	54,761.
MARY CHILDRESS CHIEF OPERATING OFFICER	38.00			X				167,690.	0.	26,896.
JAMES PEARSOL CHIEF PROGRAM OFFICER	38.00				X			196,128.	0.	30,699.
JAMES BLUMENSTOCK CHIEF PROGRAM OFFICER	38.00				X			200,445.	0.	31,209.

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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			
SHARON MOFFATT CHIEF PROGRAM OFFICER	38.00				X			175,466.	0.	23,460.
LACY M. FEHRENBACH-MAROSFALVY CHIEF MEMBER SERVICES	38.00				X			113,747.	0.	21,865.
NICOLE KUNKO CHIEF PUBLIC POLICY	38.00				X			139,396.	0.	10,492.
SHAWN RICK POLK CHIEF OF STAFF	38.00				X			117,226.	0.	19,093.
CATHERINE SELLERS SR. DIR. RESEARCH & EVALUATION	38.00				X			103,996.	0.	20,252.
ALBERT TERRILLION SR. DIR. FAMILY & COMMUNITY HEALTH	38.00				X			101,138.	0.	24,223.
1b Sub-total								1,629,598.	0.	262,950.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,629,598.	0.	262,950.

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

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | Yes | 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN TECHNOLOGY SERVICES, 2730 PROSPERITY AVE., #250, FAIRFAX, VA 22031	SYSTEMS SUPPORT	265,122.
CORNERSTONE GOV'T. AFFAIRS, LLC, 300 INDEPENDENCE AVE., SE, WASHINGTON, DC	LOBBYING SUPPORT	180,399.
HODGSON CONSULTING, 10401 CONNECTICUT AVE., STE 103, KENSINGTON, MD 20895	WEBSITE DESIGN & SUPPORT	134,786.
F.S. TAYLOR & ASSOCIATES, PC, 1420 N ST., NW, STE 100, WASHINGTON, DC 20005	ACCOUNTING & MANAGEMENT SERVICES	134,380.
ANN O. FALLON 3737 COLFAX AVE. S, MINNEAPOLIS, MN 55409	PROGRAMMATIC SUPPORT	112,312.

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 7

Form **990** (2010)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Form 990 (2010)

35-1044487 Page **9**

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	1 a Federated campaigns	1a					
	b Membership dues	1b	1463185.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,889,599.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2609168.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			15,961,952.			
Program Service Revenue	2 a CONFERENCE & MEETING	Business Code	900099	142,400.	142,400.		
	b SPEAKER HONORARIUMS		900099	750.	750.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			143,150.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,697.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a 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							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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				
11 a MISCELLANEOUS		900099	59,667.			59,667.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			59,667.				
12 Total revenue See instructions.			16,172,466.	143,150.	0.	67,364.	

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Form **990** (2010)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

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	1,224,029.	1,224,029.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	1,225,639.	811,265.	414,374.	
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	4,315,277.	3,377,901.	937,376.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	367,197.	279,879.	87,318.	
9 Other employee benefits	507,255.	379,695.	127,560.	
10 Payroll taxes	393,427.	290,094.	103,333.	
11 Fees for services (non-employees)				
a Management				
b Legal	23,317.		23,317.	
c Accounting	181,048.		181,048.	
d Lobbying	180,090.	180,090.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,973,415.	3,577,239.	396,176.	
12 Advertising and promotion				
13 Office expenses	349,776.	211,676.	138,100.	
14 Information technology	5,303.	1,497.	3,806.	
15 Royalties				
16 Occupancy	543,908.	17,645.	526,263.	
17 Travel	1,416,490.	1,362,787.	53,703.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	589,000.	560,958.	28,042.	
20 Interest	23,600.	830.	22,770.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	221,346.		221,346.	
23 Insurance	15,658.		15,658.	
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 ALLOCATION OF G&A	0.	3,431,607.	-3,431,607.	
b DUES & SUBSCRIPTIONS	131,974.	94,654.	37,320.	
c MISCELLANEOUS EXP.	74,593.	27,550.	47,043.	
d REPAIRS & MAINTENANCE	64,166.	11,108.	53,058.	
e EQUIPMENT EXPENSES	63,663.	63,663.		
f All other expenses	32,819.	125.	32,694.	
25 Total functional expenses. Add lines 1 through 24f	15,922,990.	15,904,292.	18,698.	0.
26 Joint costs. Check here <input type="checkbox"/> 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	750.	1	300.
	2 Savings and temporary cash investments	1,270,510.	2	2,296,304.
	3 Pledges and grants receivable, net	2,809,650.	3	2,730,435.
	4 Accounts receivable, net	335,664.	4	287,852.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	177,033.	9	213,699.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 1,564,243.		
	b Less accumulated depreciation	10b 1,148,656.	10c	415,587.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	40,914.	15	40,914.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	5,202,934.	16	5,985,091.
Liabilities	17 Accounts payable and accrued expenses	770,667.	17	1,459,376.
	18 Grants payable		18	
	19 Deferred revenue	1,638,547.	19	1,168,735.
	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	614,438.	25	928,222.
	26 Total liabilities. Add lines 17 through 25	3,023,652.	26	3,556,333.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,179,282.	27	2,428,758.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,179,282.	33	2,428,758.
	34 Total liabilities and net assets/fund balances	5,202,934.	34	5,985,091.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck 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	16,172,466.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,922,990.
3	Revenue less expenses Subtract line 2 from line 1	3	249,476.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,179,282.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	2,428,758.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2010

ASSOCIATION OF STATE AND

Schedule A (Form 990 or 990-EZ) 2010 **TERRITORIAL HEALTH OFFICIALS**

35-1044487 Page 2

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.")	8,603,133.	13,226,745.	12,598,012.	13,949,586.	15,961,952.	64,339,428.
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	8,603,133.	13,226,745.	12,598,012.	13,949,586.	15,961,952.	64,339,428.
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)						5,821,443.
6 Public support. Subtract line 5 from line 4						58,517,985.

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	8,603,133.	13,226,745.	12,598,012.	13,949,586.	15,961,952.	64,339,428.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,746.	50,348.	16,422.	10,130.	7,697.	139,343.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	25,344.	49,448.	3,894.	12,144.	59,667.	150,497.
11 Total support. Add lines 7 through 10						64,629,268.
12 Gross receipts from related activities, etc. (see instructions)					12	2,017,984.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	90.54	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	89.78	%
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 ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 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 ► <input type="checkbox"/>			
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 ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010

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 section 501(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 ► ☐

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____ ☐ Yes ☐ No
- 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-

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

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)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		274,014.													
c Total lobbying expenditures (add lines 1a and 1b)		274,014.													
d Other exempt purpose expenditures		15648976.													
e Total exempt purpose expenditures (add lines 1c and 1d)		15922990.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		946,150.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		236,538.													
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.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	869,278.	775,186.	851,188.	946,150.	3,441,802.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,162,703.
c Total lobbying expenditures	51,000.	133,000.	248,765.	274,014.	706,779.
d Grassroots nontaxable amount	217,320.	193,797.	212,797.	236,538.	860,452.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,290,678.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Schedule C (Form 990 or 990-EZ) 2010

35-1044487 Page 3

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

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

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

Part IV Supplemental Information

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

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

2010Open to Public
InspectionName of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**Employer identification number
35-1044487**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

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

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

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

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

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a ☐ Public exhibition
 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

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

	Amount
1c	
1d	
1e	
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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI 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		435,171.	195,072.	240,099.
d Equipment		611,840.	509,400.	102,440.
e Other		517,232.	444,184.	73,048.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				415,587.

Schedule D (Form 990) 2010

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Schedule D (Form 990) 2010

35-1044487 Page **3**

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	220,875.
(3) REFUNDABLE ADVANCES	333,181.
(4) DEFERRED RENT LIABILITY	374,166.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

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 (ASC 740)

032053
12-20-10

Schedule D (Form 990) 2010

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,172,466.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,922,990.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	249,476.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	249,476.

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	16,172,466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	16,172,466.
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 must equal Form 990, Part I, line 12.)	5	16,172,466.

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

1	Total expenses and losses per audited financial statements	1	15,922,990.
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	15,922,990.
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 must equal Form 990, Part I, line 18.)	5	15,922,990.

Part XIV Supplemental Information

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

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED SEPTEMBER 30,

2011 AND 2010, ASTHO HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10

AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM

990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS

ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS

Schedule D (Form 990) 2010

35-1044487 Page 5

Part XIV Supplemental Information *(continued)*

AFTER IT IS FILED.

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

Employer identification number
35-104487

Part I General Information on Grants and Assistance

Name of the organization

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

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 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
ARIZONA DEPARTMENT OF HEALTH SERVICES - 150 NORTH 18TH AVENUE, PHOENIX, AZ 85007	86-6004791	GOVERNMENT	15,000.	0.			H1N1 POLICY BARRIERS
FLORIDA DEPARTMENT OF HEALTH 2585 MERCHANTS ROW BOULEVARD TALLAHASSEE, FL 32399	59-3502843	GOVERNMENT	33,187.	0.			PHAB BETA TEST
IOWA DEPARTMENT OF HEALTH 321 E. 12TH STREET DES MOINES, IA 50319	42-6004571	GOVERNMENT	18,187.	0.			PHAB BETA TEST
KENTUCKY DEPARTMENT OF PUBLIC HEALTH - 275 EAST MAIN STREET, FRANKFORT, KY 40601	61-0600439	GOVERNMENT	15,000.	0.			SOCIAL DISTANCING
KEWEENAW BAY INDIAN COMMUNITY 427 NORTH SUPERIOR AVENUE BARAGA, MI 49908	38-1743340	501(C)(3)	18,187.	0.			PHAB BETA TEST
MA DEPART OF PUBLIC HEALTH 250 WASHINGTON STREET BOSTON, MA 02035	04-6002284	GOVERNMENT	40,000.	0.			SOCIAL DISTANCING

2 Enter total number of section 501(c)(3) and government organizations **26.**

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

35-1044487

Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE DEPARTMENT OF HEALTH 286 WATER ST., STATE HOUSE STATION AUGUSTA, ME 04330	01-6000001	GOVERNMENT	344,750.	0.			EVALUATION OF H1N1 VACCINATION PROGRAM
MICHIGAN PUBLIC HEALTH INSTITUTE 2436 WOODLAKE CIRCLE #300 OKEMOS, MI 48864	38-2963835	501(C)(3)	18,187.	0.			PHAB BETA TEST
MISSISSIPPI STATE DEPARTMENT OF HEALTH - 570 EAST WOODROW WILSON AVENUE, - JACKSON, MS 03921	64-6000775	GOVERNMENT	9,094.	0.			PHAB BETA TEST
MN DEPT. OF HEALTH 625 ROBERT STREET, PO BOX 64975 ST. PAUL, MN 55164	41-6007162	GOVERNMENT	75,000.	0.			CLIMATE CHANGE
NATIONAL ASSOCIATION OF LOCAL BOARDS - 1840 E. GYPSY LANE ROAD - BOWLING GREEN, OH 43402	34-0172358	501(C)(3)	16,334.	0.			PHAB BETA TEST
NATIONAL INDIAN HEALTH BOARD 101 CONSTITUTION AVENUE WASHINGTON, DC 20003	23-7226316	501(C)(3)	96,084.	0.			LEADERSHIP TRIBAL HEALTH
NAVAJO NATION P.O. BOX 9000, WINDW ROCK, AZ 86515	86-0092335	GOVERNMENT	18,187.	0.			PHAB BETA TEST
NH DEPT. OF ENVIRONMENTAL SERVICES 29 HAZEN DRIVE, CONCORD, NH 03302	02-6000618	GOVERNMENT	14,682.	0.			CREATING A CLIMATE CHANGE HEALTH TASK FORCE
NORTH CAROLINA INSTITUTE OF PUBLIC HEALTH (NCIPH) - CAMPUS BOX 8165, UNC - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	41,932.	0.			PROVIDING LEADERSHIP DEVELOPMENT OPPORTUNITIES TO PUBLIC HEALTH PROFESSIONALS

Schedule I (Form 990)

LHA

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

35-1044487

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA PUBLIC HEALTH FOUNDATION - P.O. BOX 18763 RALEIGH, NC 27699	47-0921425	501(C)(3)	40,000.	0.			CHRONIC DISEASE
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD - 2121 SW BROADWAY, SUITE 300 - PORTLAND, OR 97201	93-0718154	GOVERNMENT	93,084.	0.			LEADERSHIP TRIBAL HEALTH
OHIO DEPARTMENT OF HEALTH 246 NORTH HIGH STREET COLUMBUS, OH 43215	31-1334820	GOVERNMENT	18,187.	0.			PHAB BETA TEST
OK STATE DEPARTMENT OF HEALTH 1000 NW 10TH OKLAHOMA CITY, OK 73117	73-6017987	GOVERNMENT	9,094.	0.			PHAB BETA TEST
OREGON DEPT. OF HUMAN SERVICES PUBLIC HEALTH DIVISION - 800 NE OREGON ST., PORTLAND, OR 97232	93-6001752	GOVERNMENT	75,000.	0.			SOCIAL DISTANCING
PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION (PIHOA) - 345 QUEEN ST., HONOLULU, HAWAII 96813	20-0298040	501(C)(3)	30,000.	0.			INFRASTRUCTURE
PUBLIC HEALTH INSTITUTE (STATE OF CA DEPARTMENT OF PUBLIC HEALTH) - P.O. BOX 997377, MS 0500 - SACRAMENTO, CA 95899	94-1646278	GOVERNMENT	66,847.	0.			CLIMATE CHANGE
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL - 2600 BULL ST., COLUMBIA, SC 29204	57-6000286	GOVERNMENT	30,000.	0.			OF IMPLEMENTING A HEALTH IMPACT ASSESSMENT TO ADDRESS CHILDHOOD OBESITY
WASHINGTON STATE DEPARTMENT OF HEALTH - P.O. BOX 47890, OLYMPIA WA 98504	91-1444603	GOVERNMENT	9,093.	0.			PHAB BETA TEST

Schedule I (Form 990)

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

[illegible]

ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS

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
Part III can be duplicated if additional space is needed

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

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

SCHEDULE I, PART I, LINE 2: PROGRAM STAFF IDENTIFY APPROPRIATE
SUB-RECIPIENTS THROUGH AN RFP PROCESS; PAYMENT OF FUNDS IS TIED TO
PERFORMANCE BY INVOKING SPECIFIC MILESTONES WHICH TRIGGER THE DISBURSEMENT
OF FUNDS. ALL INVOICES ARE REVIEWED AND APPROVED BY A GRANTS MANAGER PRIOR
TO PAYMENT TO INSURE COMPLIANCE WITH TERMS.

SCHEDULE 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, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Employer identification number

35-1044487

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

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

☐ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

35-1044487

Schedule J (Form 990) 2010

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 PAUL JARRIS	(i) 268,466.	45,900.	0.	36,938.	17,823.	369,127.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 MARY CHILDRESS	(i) 167,690.	0.	0.	19,704.	7,192.	194,586.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 JAMES PEARSON	(i) 196,128.	0.	0.	23,045.	7,654.	226,827.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 JAMES BLUMENSTOCK	(i) 200,445.	0.	0.	23,552.	7,657.	231,654.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 SHARON MOFFATT	(i) 175,466.	0.	0.	20,617.	2,843.	198,926.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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 990-EZ 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

ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS

Employer identification number
35-1044487

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC HEALTH PRACTICE: ASTHO'S PUBLIC HEALTH PRACTICE TEAM IS RESPONSIBLE FOR THE BROAD AND COMPREHENSIVE PORTFOLIO AREAS OF PREPAREDNESS AND PUBLIC HEALTH SECURITY, ENVIRONMENTAL HEALTH, IMMUNIZATION AND INFECTIOUS DISEASES AND PUBLIC HEALTH LAW. ASTHO'S PUBLIC HEALTH PRACTICE TEAM HELPS IN THE FORMULATION OF SOUND PUBLIC HEALTH POLICY BY MAINTAINING STRONG LIAISON WITH FEDERAL PARTNERS FROM VARIOUS KEY DEPARTMENTS SUCH AS HEALTH AND HUMAN SERVICES, HOMELAND SECURITY, ENVIRONMENTAL PROTECTION AGENCY AND THE DEPARTMENT OF AGRICULTURE, AS WELL AS THE WHITE HOUSE; AND BY SUPPORTING THREE ASTHO POLICY COMMITTEES COMPRISED OF MEMBERS, REPRESENTATIVES FROM RELEVANT AFFILIATE ORGANIZATIONS AND OTHER SUBJECT MATTER EXPERTS FROM STATE AND TERRITORIAL PUBLIC HEALTH AGENCIES. THE PUBLIC HEALTH PRACTICE TEAM ALSO PROVIDES GUIDANCE AND TECHNICAL ASSISTANCE TO STATE AND TERRITORIAL HEALTH AGENCIES AS A MEANS TO BETTER EQUIP THEM TO IMPROVE AND TRANSFORM THE QUALITY OF SERVICES DELIVERED TO THEIR CONSTITUENCIES AND INCREASE CAPACITY AND CAPABILITY TO DELIVER EFFECTIVE AND EFFICIENT SERVICES.

SOME OF THE MAJOR ACCOMPLISHMENTS FOR ASTHO'S PUBLIC HEALTH PRACTICE TEAM IN 2011 INCLUDE:

- PROVIDED INFORMATION AND RESPONSE COORDINATION SERVICES AND TECHNICAL ASSISTANCE DURING TWO MAJOR PUBLIC HEALTH EMERGENCIES: THE DEEPWATER HORIZON GULF COAST OIL SPILL DISASTER AND THE JAPANESE TSUNAMI/FUKUSHIMA NUCLEAR POWER PLANT RADIATION CRISIS TO ASSIST OUR

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

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

Employer identification number
35-1044487

**MEMBERS IN MITIGATING AND MANAGING THE PUBLIC HEALTH CONSEQUENCES
ASSOCIATED WITH THESE INCIDENTS.**

- **ADVANCED FOOD SAFETY AS A ASTHO PRIORITY BY ENGAGING IN THE ONGOING
IMPLEMENTATION OF THE FOOD SAFETY MODERNIZATION ACT AND CONTRIBUTING TO
THE EFFORTS OF SEVERAL KEY NATIONAL FOOD SAFETY WORK GROUPS SUCH AS THE
PARTNERSHIP FOR FOOD PROTECTION AND THE CONFERENCE TO IMPROVE FOODBORNE
OUTBREAK RESPONSE.**

- **PROVIDED GRANTS AND FELLOWSHIPS TO SELECT STATES AND TERRITORIES TO
ENHANCE CLIMATE CHANGE PUBLIC HEALTH ADAPTATION STRATEGIES AND
CAPACITIES AND EXPAND ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM
SERVICES TO MORE EFFECTIVELY TRACK HUMAN EXPOSURES TO ENVIRONMENTAL
CONTAMINANTS AND THE ASSOCIATED HEALTH EFFECTS.**

- **RELEASED A TOOLKIT ENTITLED "REDUCING HEALTHCARE-ASSOCIATED
INFECTIONS: POLICY OPTIONS" AS A GUIDE TO FUTURE POLICY DISCUSSIONS AND
ACTIONS FOR STATES THAT WISH TO DEVELOP OR ENHANCE THEIR
HEALTHCARE-ASSOCIATED INFECTIONS-RELATED STATUTES AND PROGRAMS.**

- **IN PARTNERSHIP WITH THE CDC, LAUNCHED SEVERAL PROJECTS AS PART OF A
POST H1N1 INFLUENZA PANDEMIC EVALUATION AND RESPONSE IMPROVEMENT
EFFORT: ALTERNATIVE STRATEGIES FOR ANTIVIRALS DISTRIBUTION AND
ADMINISTRATION; POTENTIAL FOR NURSE TRIAGE LINE SYSTEMS FOR PRESCRIBING
ANTIVIRALS DURING A PANDEMIC; AND OPPORTUNITIES FOR IMPROVED PHARMACY
AND WORKPLACE COLLABORATION.**

- **IN COLLABORATION WITH THE NATIONAL VACCINE PROGRAM OFFICE OF THE**

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

Employer identification number
35-1044487

DEPARTMENT OF HEALTH AND HUMAN SERVICES, HELPED TO ESTABLISH AN
IMPLEMENTATION PLAN FOR THE RECENTLY RELEASED NATIONAL VACCINE PLAN.
THIS WAS ACCOMPLISHED BY CONDUCTING REGIONAL WORK GROUPS TO DISCUSS
SUCH KEY ISSUES AS THIRD PARTY BILLING, IMMUNIZATION REGISTRIES AND
ELECTRONIC HEALTH RECORDS, COMMUNICATIONS AROUND VACCINE HESITANCY,
HEALTH DISPARITIES (FOCUS ON AMERICAN INDIAN AND ALASKAN NATIVE
POPULATIONS) AND PHARMACISTS AS VACCINATORS.

- PROVIDED VALUABLE INFORMATION TO, AND RESPONDED TO REQUESTS FOR DATA
AND OTHER INFORMATION FROM CONGRESSIONAL STAFF REGARDING POSSIBLE
REVISIONS TO BE CONSIDERED AS PART OF THE REAUTHORIZATION PROCESS OF
THE PANDEMIC AND ALL HAZARDS PREPAREDNESS ACT.

- PROVIDED ON-GOING SUPPORT TO THE STATE ENVIRONMENTAL HEALTH DIRECTORS
AND DIRECTORS OF PUBLIC HEALTH PREPAREDNESS PEER GROUPS AS A MEANS TO
STRENGTHEN PUBLIC HEALTH PRACTICE ACROSS THE COUNTRY THROUGH PEERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC HEALTH PERFORMANCE: ASTHO'S PERFORMANCE TEAM WORKS TO STRENGTHEN
PUBLIC HEALTH INFRASTRUCTURE, INCLUDING THE PUBLIC HEALTH SYSTEMS,
STATE HEALTH AGENCY PERFORMANCE AND THE PUBLIC HEALTH WORKFORCE.
THROUGH ITS TECHNICAL ASSISTANCE TO STATE HEALTH AGENCIES, ASTHO EQUIPS
STATES TO IMPROVE THE QUALITY OF SERVICES DELIVERED AND INCREASES
CAPACITY TO DELIVER EFFECTIVE AND EFFICIENT SERVICES. ASTHO TRACKS AND
DOCUMENTS NEEDS, PROGRESS, AND PROMISING PRACTICES IN STATE PUBLIC
HEALTH AND THEIR ROLE IN HEALTH INFORMATION EXCHANGE. THE PERFORMANCE
TEAM ALSO SUPPORTS PUBLIC HEALTH SERVICES AND SYSTEMS RESEARCH (PHSSR)

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

Employer identification number
35-1044487

AND PROMOTES THE USE OF DATA AND EVIDENCE TO INFORM POLICY.

SOME OF THE MAJOR ACCOMPLISHMENTS FOR ASTHO'S PERFORMANCE TEAM IN 2011
INCLUDE:

- PREPARED STATES FOR THE PUBLIC HEALTH ACCREDITATION BOARD'S NATIONAL
ACCREDITATION PROGRAM LAUNCHED IN 2011 THROUGH COMPREHENSIVE TECHNICAL
ASSISTANCE TO STATE HEALTH AGENCIES

- PROVIDED AWARDS TO FIVE NATIONAL DEMONSTRATION SITES TO CONDUCT
CROSS-CUTTING QUALITY IMPROVEMENT INITIATIVES ACROSS THE STATE HEALTH
AGENCY

- SUPPORTED STATES IN IMPLEMENTING A NATIONWIDE DISEASE SURVEILLANCE
SYSTEM.

- HELPED STATES UNDERSTAND POLICIES RELATED TO THE IMPLEMENTATION OF
ELECTRONIC HEALTH RECORDS.

- PRODUCED THE ASTHO PROFILE OF STATE PUBLIC HEALTH: VOLUME TWO, A
COMPREHENSIVE REPORT ON THE RESPONSIBILITIES, ORGANIZATION AND
RESOURCES OF STATE AND TERRITORIAL HEALTH AGENCIES.

- CONVENED CHIEF FISCAL OFFICERS FROM STATE AND TERRITORIAL HEALTH
AGENCIES TO SHARE BEST PRACTICES, ENGAGE IN DIALOGUE WITH FEDERAL
PARTNERS, AND INFORM PUBLIC HEALTH SERVICES AND SYSTEMS RESEARCH.

- CONDUCTED SEVERAL SURVEYS ON EMERGING TOPICS OF NATIONAL IMPORTANCE,
SUCH AS THE IMPACT OF BUDGET CUTS ON STATE HEALTH AGENCIES, PROCESSES
FOR SETTING BUDGETS AND PRIORITIES IN STATE HEALTH AGENCIES, AND THE
USE OF PREVENTION BLOCK GRANT FUNDING.

- DISSEMINATED RESEARCH FINDINGS THROUGH CONFERENCE PRESENTATIONS,
PEER-REVIEWED JOURNAL ARTICLES, AND OTHER PUBLICATIONS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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

Employer identification number
35-1044487

**PUBLIC HEALTH PROMOTION AND DISEASE PREVENTION: ASTHO'S PREVENTION TEAM
FOCUSES ON STRENGTHENING STATE AND TERRITORIAL HEALTH AGENCIES AND
THEIR LEADERSHIP TEAMS TO IMPROVE HEALTH OUTCOMES. AREAS OF FOCUS
INCLUDE: CHRONIC DISEASE PREVENTION WITH SPECIAL FOCUS ON OBESITY,
TOBACCO USE AND HEART DISEASE; INJURY PREVENTION WITH SPECIAL FOCUS ON
MOTOR VEHICLES, CHILDHOOD INJURIES AND PRESCRIPTION DRUG MISUSE; ACCESS
TO HEALTH CARE WITH FOCUS ON MEDICALLY UNDERSERVED; MATERNAL CHILD
HEALTH WITH FOCUS ON HEALTHY PREGNANCIES; AND IMPROVING HEALTH EQUITY.**

OVERALL PRIORITY AREAS OF SUPPORT TO STATES TO IMPROVE HEALTH OUTCOMES:

- IDENTIFYING POLICY OPPORTUNITIES FOCUSED ON ADDRESSING CHRONIC
DISEASE AND INJURY INCLUDING HEALTHY EATING, ACTIVE LIVING, TOBACCO
CONTROL, DRUG ABUSE PREVENTION, AND UNINTENTIONAL INJURY.**
- PROVIDING RESOURCES FOR SHOS TO "MAKE THE CASE" FOR POLICIES SPECIFIC
TO KEY SUBJECT AREAS**
- POLICIES FOCUSED ON FAMILY AND COMMUNITY HEALTH INCLUDING THE PATIENT
PROTECTION AND AFFORDABLE CARE ACT (PPACA), ACCESS TO REPRODUCTIVE
HEALTH CARE, ACCOUNTABLE CARE ORGANIZATIONS, NEWBORN SCREENING, TITLE V
MATERNAL AND CHILD HEALTH BLOCK GRANT.**
- INTEGRATING HEALTH EQUITY AND EVIDENCE-BASED PUBLIC HEALTH IN
POLICIES.**

**SOME OF THE MAJOR ACCOMPLISHMENTS FOR ASTHO'S PREVENTION TEAM IN 2011
INCLUDE:**

- SUPPORTED THE PRESIDENT'S CHALLENGE ON HEALTHY BABIES-INFANT
MORTALITY AND PREMATUREITY.**
- IDENTIFIED PRIORITY POLICY AREAS TO IMPROVE HEALTH OUTCOMES SPECIFIC**

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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TO WINNABLE BATTLES: (TOBACCO, INJURY, NUTRITION AND PHYSICAL ACTIVITY
TO REDUCE OBESITY, TEEN PREGNANCY)

- IMPLEMENTED HEALTH EQUITY STRATEGIC PLAN WITH FOCUS ON MEASURABLE
OUTCOMES.

- ENGAGED WITH LEADERSHIP OF USDA-FOOD AND NUTRITION SERVICES TO
IMPLEMENT HEALTH AND HUNGER FREE KID ACT AND ASSURE OPTIMUM
COORDINATION OF WIC SERVICES THROUGH STATE HEALTH AGENCY.

- FACILITATED POLICIES AND PARTNERSHIPS AT THE STATE LEVEL TO PREVENT
PRESCRIPTION DRUG OVERDOSE AND MISUSE.

- DEVELOPED OF NATIONAL PREVENTION STRATEGY TOOLKIT FOR STATES.

- SUPPORTED STATES IN UTILIZING HEALTH IMPACT ASSESSMENTS FOR OBESITY
PREVENTION AND POLICY CHANGE.

- LED NATIONAL TRAINING ON THE USE AND IMPLEMENTATION OF
RECOMMENDATIONS FROM THE GUIDE TO COMMUNITY PREVENTATIVE SERVICES

- IDENTIFIED ONGOING STATE EXAMPLES OF IMPLEMENTATION OF ACA.

- IDENTIFIED OPPORTUNITIES TO LINK PRIMARY CARE AND PUBLIC HEALTH

- PUBLISHED ON "FOCUSING ON INJURY TO IMPROVE HEALTH OUTCOMES," WHICH
INCLUDES PROGRAM AND POLICY OPTIONS IN AREAS OF MOTOR VEHICLE, CHILDREN
SAFETY AND FALLS PREVENTION.

- CONVENED NATIONAL PARTNERS AND STATES TO IDENTIFY OPPORTUNITIES TO
IMPLEMENT THE NATIONAL PREVENTION STRATEGY FOCUS INCLUDING

OPPORTUNITIES TO WORK WITH TRANSPORTATION, AGRICULTURE AND CITY
PLANNERS TO CREATE ENVIRONMENTS WHICH SUPPORT HEALTHY BEHAVIORS

- CONVENED NATIONAL MEETING ON EXPERTS FOCUSED ON ACCOUNTABLE CARE
ORGANIZATIONS (ACO).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization **ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**Employer identification number
35-1044487**CROSS-CUTTING PROGRAMS****EXPENSES \$ 1,677,770. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.****MEMBERSHIP****EXPENSES \$ 672,582. INCLUDING GRANTS OF \$ 0. REVENUE \$ 143,150.****GOVERNMENT RELATIONS****EXPENSES \$ 504,532. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 6: ASTHO MEMBERS ARE THE CHIEF HEALTH
OFFICIAL OF THE PUBLIC HEALTH AGENCY OF EACH OF THE UNITED STATES, THE U.S.
TERRITORIES, AND THE DISTRICT OF COLUMBIA. ALSO ALUMNI MEMBERS MAY CHOOSE
TO PAY DUES AND RETAIN AN ADVISORY ROLE TO THE ASSOCIATION'S MEMBERS.**

**FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE VOTING
MEMBERS OF THE GOVERNING BODY ANNUALLY.**

**FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP ASSEMBLY REVIEWS THE
ACTIONS AND RECOMMENDATIONS OF THE BOARD OF DIRECTORS AT LEAST ANNUALLY.
THE MEMBERSHIP APPROVES ALL ASSOCIATION POLICY STATEMENTS AND REVIEWS THE
ASSOCIATION'S PRIORITIES AND STRATEGIC PLAN.**

**FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE IS PROVIDED
WITH A COPY OF THE IRS FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING THE
FORM WITH THE IRS. ALL MEMBERS OF THE GOVERNING BODY RECEIVE A COPY OF THE
FILED IRS FORM 990.**

FORM 990, PART VI, SECTION B, LINE 12C: THE WRITTEN CONFLICT OF INTEREST

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

Employer identification number
35-1044487

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

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

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S
COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE. OVERSIGHT WAS
DELEGATED TO THE PRESIDENT AND PRESIDENT-ELECT WHO WORKED WITH A
COMPENSATION SPECIALIST. THE PROCESS WAS DOCUMENTED. THE SALARY FOR OTHER
STAFF IS DETERMINED BY THE EXECUTIVE DIRECTOR BASED ON PERFORMANCE REVIEWS
AND MARKET SURVEYS. THE EXECUTIVE DIRECTOR'S LAST SALARY REVIEW WAS
CONDUCTED IN DECEMBER.

FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S AUDITED FINANCIAL
STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Part I only ☐

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

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

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

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

THE ORGANIZATION

- The books are in the care of ► **2231 CRYSTAL DRIVE , NO. 450 - ARLINGTON, VA 22202**
Telephone No. ► **202-371-9090** FAX No. ►

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

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2012** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **OCT 1, 2010** , and ending **SEP 30, 2011** .

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

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

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

LHA **For Paperwork Reduction Act Notice, see Instructions.**

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