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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

2012Open to Public
Inspection**A** For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS		D Employer identification number 35-1044487
	Doing Business As		E Telephone number 202-371-9090
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 18,404,089.
	2231 CRYSTAL DRIVE	450	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City, town, or post office, state, and ZIP code ARLINGTON, VA 22202		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer PAUL JARRIS SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ASTHO.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1942 M State of legal domicile: DC

Part I Summary

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 14	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14	
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 92	
6 Total number of volunteers (estimate if necessary)	6 14	
7a Total unrelated business revenue from Part VIII, column (A), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-B, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,920,617. Current Year 18,246,422.
	9 Program service revenue (Part VIII, line 2g)	169,112. 129,514.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,716. 5,366.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,696. 22,787.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,114,141. 18,404,089.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,417,412. 2,961,416.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,473,441. 8,655,030.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 155,134.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,187,058. 6,715,571.	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	18,077,911. 18,332,017.	
19 Revenue less expenses - Subtract line 18 from line 12	36,230. 72,072.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,346,846. End of Year 7,485,806.
	21 Total liabilities (Part X, line 26)	3,881,858. 4,948,746.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,464,988. 2,537,060.

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 2/21/2014
	PAUL JARRIS, EXECUTIVE DIRECTOR Type or print name and title	
Paid	Print/Type preparer's name Eric J. Lawrence	Preparer's signature <i>Eric J. Lawrence</i>
Preparer Use Only	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008
	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

916

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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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 6,547,119. including grants of \$ 1,233,229.) (Revenue \$ 24,217.)
PUBLIC HEALTH PRACTICE--SEE SCHEDULE O.

4b (Code) (Expenses \$ 5,894,597. including grants of \$ 1,593,245.) (Revenue \$ 5,000.)
PUBLIC HEALTH PERFORMANCE--SEE SCHEDULE O.

4c (Code) (Expenses \$ 2,870,650. including grants of \$ 134,942.) (Revenue \$)
PUBLIC HEALTH PROMOTION AND DISEASE PREVENTION--SEE SCHEDULE O.

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,760,651. including grants of \$) (Revenue \$ 100,297.)

4e Total program service expenses **18,073,017.**

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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 <i>Schedule B, Schedule of Contributors</i> ?	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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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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 any government or organization 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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>		
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 11b and 19?	X	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. N/A		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. N/A		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14	
b Enter the number of voting members included in line 1a, above, who are independent	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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

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

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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSE' THEIR MONTERO PRESIDENT	7.50	X		X				0.	0.	0.
(2) TERRY L. CLINE PRESIDENT-ELECT	7.50	X		X				0.	0.	0.
(3) DAVID LAKEY IMMEDIATE PAST PRESIDENT	7.50	X		X				0.	0.	0.
(4) MARY CURRIER SECRETARY-TREASURER	7.50	X		X				0.	0.	0.
(5) JEWEL MULLEN REPRESENTATIVE, REGION I	5.00	X						0.	0.	0.
(6) NIRAV R. SHAH REPRESENTATIVE, REGION II	5.00	X						0.	0.	0.
(7) KARYL THOMAS RATTAY REPRESENTATIVE, REGION III	5.00	X						0.	0.	0.
(8) DONALD E. WILLIAMSON REPRESENTATIVE, REGION IV	5.00	X						0.	0.	0.
(9) EDWARD EHLINGER REPRESENTATIVE, REGION V	5.00	X						0.	0.	0.
(10) J.T. LANE REPRESENTATIVE, REGION VI	5.00	X						0.	0.	0.
(11) ROBERT P. MOSER REPRESENTATIVE, REGION VII	5.00	X						0.	0.	0.
(12) WENDY E. BRAUND REPRESENTATIVE, REGION VIII	5.00	X						0.	0.	0.
(13) JAMES W. GILLAN REPRESENTATIVE, REGION IX	5.00	X						0.	0.	0.
(14) WARD B. HURLBURT REPRESENTATIVE, REGION X	5.00	X						0.	0.	0.
(15) PAUL JARRIS EXECUTIVE DIRECTOR	37.50			X				353,949.	0.	60,845.
(16) DAVID COTE ASSOCIATE EXECUTIVE DIRECTOR	37.50			X				0.	0.	0.
(17) ROSE-ELLA SLAVIN CHIEF FINANCIAL OFFICER	37.50			X				126,593.	0.	8,367.

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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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JAMES BLUMENSTOCK CHIEF PROGRAM OFFICER	37.50				X			204,037.	0.	29,037.
(19) JAMES PEARSOL CHIEF PROGRAM OFFICER	37.50				X			197,699.	0.	31,016.
(20) SHARON MOFFAT CHIEF PROGRAM OFFICER	37.50				X			184,988.	0.	23,773.
(21) NICOLE KUNO (LEFT 7/13) CHIEF PROGRAM OFFICER	37.50					X		152,719.	0.	23,792.
(22) LACY FEHRENBACH-MAROSFALVY (LEFT 1/13) CHIEF PROGRAM OFFICER	37.50					X		126,795.	0.	24,371.
(23) SHAWN POLK CHIEF OF STAFF	37.50					X		126,012.	0.	18,548.
(24) CATHERINE SELLERS SENIOR DIRECTOR	37.50					X		112,379.	0.	20,604.
(25) JAMES KIRKWOOD SENIOR DIRECTOR	37.50					X		109,372.	0.	20,303.
1b Sub-total								1,694,543.	0.	260,656.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,694,543.	0.	260,656.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN TECHNOLOGY SERVICES, 2730 PROSPERITY AVE., #250, FAIRFAX, VA 22031	SYSTEMS SUPPORT	256,188.
AMAZON WEB SERVICES, LLC P.O. BOX 84023, SEATTLE, WA 98124	INTERNET CLOUD SERVICES	240,695.
PROTIVITI, INC. P.O. BOX 825, WINCHESTER, VA 22604	SHAREPOINT IMPLEMENTATION	233,840.
CORNERSTONE GOV'T. AFFAIRS, LLC, 300 INDEPENDENCE AVE., SE, WASHINGTON, DC 20003	LOBBYING SUPPORT	180,000.
COLE COMMUNICATIONS, INC. 6164 SHERATON PLACE, APTOS, CA 95003	PROJECT PLANNING	148,714.

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

Part VIII. Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(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	1,467,677.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,869,150.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,909,595.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			18,246,422.			
Program Service Revenue		Business Code					
	2 a CONFERENCE & MEETING	900099	125,614.	125,614.			
	b SPEAKER HONORARIUMS	900099	3,900.	3,900.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			129,514.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,366.			5,366.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	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	22,787.			22,787.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			22,787.				
12 Total revenue. See instructions.			18,404,089.	129,514.	0.	28,153.	

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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)

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

☒ **X**

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 United States. See Part IV, line 21	2,961,416.	2,961,416.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,351,371.	685,418.	665,953.	
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	5,640,746.	4,336,261.	1,234,700.	69,785.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	516,363.	393,407.	116,398.	6,558.
9 Other employee benefits	636,580.	486,466.	142,922.	7,192.
10 Payroll taxes	509,970.	369,477.	135,262.	5,231.
11 Fees for services (non-employees)				
a Management				
b Legal	37,834.	18,712.	18,878.	244.
c Accounting	41,981.		41,981.	
d Lobbying	180,000.	180,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,322,281.	1,958,771.	363,510.	
12 Advertising and promotion				
13 Office expenses	377,859.	173,219.	204,073.	567.
14 Information technology	411,594.	30,269.	381,325.	
15 Royalties				
16 Occupancy	567,494.		567,494.	
17 Travel	1,681,234.	1,605,071.	73,528.	2,635.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	608,985.	492,260.	106,469.	10,256.
20 Interest	12,540.		12,540.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,190.		112,190.	
23 Insurance	18,495.		18,495.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	140,681.	119,684.	20,997.	
b PAYROLL SERVICES	33,739.		33,739.	
c REPAIRS AND MAINTENANCE	33,082.		33,072.	10.
d ALLOCATION OF G&A	0.	4,244,006.	-4,281,662.	37,656.
e All other expenses	135,582.	18,580.	102,002.	15,000.
25 Total functional expenses Add lines 1 through 24e	18,332,017.	18,073,017.	103,866.	155,134.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	300.	1	300.
	2 Savings and temporary cash investments	1,957,735.	2	3,386,115.
	3 Pledges and grants receivable, net	3,413,410.	3	3,534,806.
	4 Accounts receivable, net	519,083.	4	184,872.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	61,273.	9	17,149.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,660,118.		
	b Less accumulated depreciation	10b 1,390,398.	10c	269,720.
	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	92,844.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,346,846.	16	7,485,806.	
Liabilities	17 Accounts payable and accrued expenses	1,941,302.	17	2,926,531.
	18 Grants payable		18	
	19 Deferred revenue	1,092,600.	19	1,137,275.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	847,956.	25	884,940.
	26 Total liabilities. Add lines 17 through 25	3,881,858.	26	4,948,746.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,464,988.	27	2,537,060.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	2,464,988.	33	2,537,060.	
34 Total liabilities and net assets/fund balances	6,346,846.	34	7,485,806.	

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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	18,404,089.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,332,017.
3	Revenue less expenses Subtract line 2 from line 1	3	72,072.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,464,988.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,537,060.

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?	X	
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	X	

Form 990 (2012)

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

2012

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 - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(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 monetary 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) 2012

**ASSOCIATION OF STATE AND
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Schedule A (Form 990 or 990-EZ) 2012

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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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,598,012.	13,949,586.	15,961,952.	17,920,617.	18,246,422.	78,676,589.
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	12,598,012.	13,949,586.	15,961,952.	17,920,617.	18,246,422.	78,676,589.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,945,608.
6 Public support. Subtract line 5 from line 4						71,730,981.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	12,598,012.	13,949,586.	15,961,952.	17,920,617.	18,246,422.	78,676,589.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,422.	10,130.	7,697.	5,716.	5,366.	45,331.
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.)	3,894.	12,144.	59,667.	18,696.	22,787.	117,188.
11 Total support. Add lines 7 through 10						78,839,108.
12 Gross receipts from related activities, etc. (see instructions)					12	776,828.

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** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90.98	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	90.85	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

2012

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 35c (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 ▶ \$ _____
- 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) 2012

LHA

232041
01-07-13

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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)	26,578.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	239,205.													
c Total lobbying expenditures (add lines 1a and 1b)	265,783.													
d Other exempt purpose expenditures	18,065,177.													
e Total exempt purpose expenditures (add lines 1c and 1d)	18,330,960.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	250,000.													
h Subtract line 1g from line 1a If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c If zero or less, enter -0-	0.													
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	851,188.	946,150.	1,000,000.	1,000,000.	3,797,338.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,696,007.
c Total lobbying expenditures	248,765.	274,014.	259,503.	265,783.	1,048,065.
d Grassroots nontaxable amount	212,797.	236,538.	250,000.	250,000.	949,335.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,424,003.
f Grassroots lobbying expenditures			25,950.	26,578.	52,528.

Schedule C (Form 990 or 990-EZ) 2012

(a)		(b)
Yes	No	Amount

- [illegible]

	Yes	No
1		
2		
3		

1	
2a	
2b	
2c	
3	
4	
5	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012Open 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 XIII, 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 XIII, 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 XIII

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 XIII 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 ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of property	(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.	282,305.	152,866.
d Equipment		707,715.	594,547.	113,168.
e Other		517,232.	513,546.	3,686.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				269,720.

Schedule D (Form 990) 2012

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Schedule D (Form 990) 2012

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) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	82,295.
(3) REFUNDABLE ADVANCES	494,690.
(4) DEFERRED RENT LIABILITY	307,955.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	884,940.

2. FIN 48 (ASC 740) Footnote In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

Schedule D (Form 990) 2012

35-1044487 Page 4

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

1	Total revenue, gains, and other support per audited financial statements	1	18,404,089.
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	18,404,089.
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 XIII)	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	18,404,089.

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

1	Total expenses and losses per audited financial statements	1	18,332,017.
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	18,332,017.
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 XIII)	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	18,332,017.

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, ASTHO

HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

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

AFTER IT IS FILED.

Schedule D (Form 990) 2012

**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

2012

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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
AMERICAN ASSOCIATION OF POISON CONTROL CENTERS - 515 KING STREET, SUITE 510 - ALEXANDRIA, VA 22314	06-6068460	501(C)(3)	145,200.	0.			ANTIVIRAL DISTRIBUTION (INCLUDES NURSE TRIAGE LINE)
AMERICAN COLLEGE OF OBSTETRICS & GYNECOLOGISTS (ACOG) - 409 12TH STREET, SW - WASHINGTON, DC 20024	36-22217981	501(C)(3)	300,000.	0.			PANDEMIC INFLUENZA
AMERICAN NURSES ASSOCIATION 8515 GEORGIA AVE, SUITE 400 SILVER SPRING, MD 20910	13-1893923	501(C)(3)	92,550.	0.			BRINGING IMMUNITY TO EVERY COMMUNITY
ARIZONA DEAPRTMENT OF HEALTH SERVICES - 150 N. 18TH AVENUE, SUITE 520 - PHOENIX, AZ 85007	86-6004791	GOVERNMENT	22,666.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION
ARKANSAS DEPARTMENT OF HEALTH 4815 WEST MARKHAM, SLOT 57 LITTLE ROCK, AR 72205	71-6007358	GOVERNMENT	16,667.	0.			STATE HEALTH RANKINGS
CINCINNATI HEALTH DEPARTMENT 3101 BURNET AVENUE CINCINNATI, OH 45229	31-6000064	GOVERNMENT	15,236.	0.			ENVIRONMENTAL PUBLIC HEALTH TRACKING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

**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
CLARK COUNTY HEALTH DEPARTMENT 400 PROFESSIONAL AVENUE WINCHESTER, KY 40391	61-1021133	GOVERNMENT	8,000.	0.			ENVIRONMENTAL PUBLIC HEALTH TRACKING
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH - 410 CAPITOL AVE - HARTFORD, CT 06134	06-6000798	GOVERNMENT	37,833.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION
DELAWARE GREENWAYS, INC 1910 ROCKLAND ROAD WILMINGTON, DE 19803	51-0325462	501(C)(3)	14,908.	0.			HEALTH IMPACT ASSESSMENT
DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH - 899 NORTH CAPITOL STREET NE - WASHINGTON, DC 20002	53-6001131	GOVERNMENT	16,773.	0.			ENVIRONMENTAL PUBLIC HEALTH TRACKING
EMORY UNIVERSITY 1599 CLIFTON RD, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	204,755.	0.			FAITH-BASED PANDEMIC FLU; PANDEMIC INFLUENZA
FLORIDA DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY TALLAHASSEE, FL 32399	59-3502843	GOVERNMENT	15,000.	0.			HEALTH IMPACT ASSESSMENT
GEORGIA DEPARTMENT OF PUBLIC HEALTH - 2 PEACHTREE ST, NW - ATLANTA, GA 30303	90-0676388	GOVERNMENT	26,987.	0.			STATE HEALTH RANKINGS; HEALTH IMPACT ASSESSMENT; HEALTHCARE-ASSOCIATED INFECTIONS (HAI)
HARVARD UNIVERSITY-OFFICE OF SPONSORED PROGRAMS - 1350 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	313,744.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - 526 WEST JEFFERSON STREET - SPRINGFIELD, IL 62761	01-0632628	GOVERNMENT	5,202.	0.			HEALTHCARE-ASSOCIATED INFECTIONS (HAI)

Schedule I (Form 990)

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

35-1044487

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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)							Schedule I (Form 990)
(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	
KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT - 1000 SW JACKSON - TOPEKA, KS 66612	48-6029925	GOVERNMENT	8,333.	0.			STATE HEALTH RANKINGS	
MARYLAND HEALTH & MENTAL HYGIENE 201 PRESTON STREET BALTIMORE, MD 21202	52-6002033	GOVERNMENT	44,666.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION	
MINNESOTA DEPARTMENT OF HEALTH P.O. BOX 64975 ST. PAUL, MN 55164	41-6007162	GOVERNMENT	60,369.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION; CLIMATE CHANGE	
MISSISSIPPI PUBLIC HEALTH INSTITUTE - P.O. BOX 2166 - MADISON, MS 39110	45-3005888	501(C)(3)	9,459.	0.			EVIDENCE-BASED PUBLIC HEALTH	
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) - 1100 17TH STREET, NW - WASHINGTON, DC 20036	52-1426663	501(C)(3)	93,158.	0.			INFECTIOUS DISEASE	
NAPHSIS 962 WAYNE AVENUE SILVER SPRING, MD 20910	52-2265888	501(C)(3)	129,993.	0.			HEALTH STATISTICS	
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET, NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	105,365.	0.			BIOSENSE REDESIGN - ELECTRONIC HEALTH RECORDS & SOCIAL DETERMINANTS	
NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES - 444 NORTH CAPITOL STREET, NW, SUITE 267 - WASHINGTON, DC 20001	23-7391796	501(C)(3)	287,401.	0.			LINKING QUALITY IMPREVENT IN ACCREDITATION; PRESCRIPTION DRUG OVERDOSE	
NATIONAL INDIAN HEALTH BOARD 926 PENNSYLVANIA AVE, SE WASHINGTON, DC 20003	23-7226316	501(C)(3)	149,142.	0.			TRIBAL DIABETES	

**ASSOCIATION OF STATE AND
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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
OK STATE DEPARTMENT OF HEALTH 1000 NORTHEAST 10TH STREET OKLAHOMA CITY, OK 73117	73-6017987	GOVERNMENT	8,333.	0.			STATE HEALTH RANKINGS
OREGON DEPARTMENT OF HUMAN SERVICES - 800 NE OREGON STREET, SUITE 930 - PORTLAND, OR 97323	93-6001752	GOVERNMENT	44,666.	0.			LINKING QUALITY IMPROVEMENT IN ACCREDITATION
REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK STREET SE - PHILADELPHIA, MN 55485	41-6007513	GOVERNMENT	281,661.	0.			PANDEMIC INFLUENZA; PREPAREDNESS
RHODE ISLAND DEPARTMENT OF HEALTH 3 CAPITOL HILL, ROOM 409 PROVIDENCE, RI 02908	05-6000522	GOVERNMENT	8,333.	0.			STATE HEALTH RANKINGS
SAINT LOUIS UNIVERSITY 221 NORTH GRANT BLVD ST. LOUIS, MO 63108	43-0654872	501(C)(3)	134,611.	0.			LEADERSHIP TRAINING
SOCIETY FOR PUBLIC HEALTH EDUCATION (SOPHE) - 10 G STREET, NE, SUITE 605 - WASHINGTON, DC 20002	23-7299881	501(C)(3)	20,000.	0.			AGING & HEALTH EQUITY
UNIVERSITY OF MASSACHUSETTS LOWELL 600 SUFFOLK STREET, 2ND FLOOR SOUTH LOWELL, MA 01854	04-3167352	501(C)(3)	223,367.	0.			HOSTING BRSS DATA IN THE CLOUD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 209 SOUTH ROAD - CHAPEL HILL, NC 27599	56-1118388	501(C)(3)	51,932.	0.			LEADERSHIP TRAINING
YOUNG AMERICA 285 HAMILTON AVENUE, SUITE 200 PALO ALTO, CA 94301	98-0547173	OTHER	46,900.	0.			HOSTING BRSS DATA IN THE CLOUD

Schedule I (Form 990)

ASSOCIATION OF STATE AND
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Schedule I (Form 990) (2012)

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, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 2: PROGRAM STAFF IDENTIFY APPROPRIATE

SUB-RECIPIENTS THROUGH A 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

2012

Open to Public
Inspection

Name of the organization

**ASSOCIATION OF STATE AND
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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 filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director, but explain in Part III

☐ 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?

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) 2012

ASSOCIATION OF STATE AND
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7: THE FOLLOWING INDIVIDUALS RECEIVED NON-FIXED PAYMENTS

(BONUSES) DURING THE YEAR:

PAUL JARRIS (\$60,000)

JAMES BLUMENSTOCK (\$15,837)

JAMES PEARSON (\$12,845)

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

2012

Open to Public
Inspection

Name of the organization

ASSOCIATION OF STATE AND
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Employer identification number

35-1044487

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

PUBLIC HEALTH PRACTICE:

H7N9 AVIAN INFLUENZA, MERS-COV, AND PANDEMIC PREPAREDNESS

IN RESPONSE TO THE EMERGENCE OF NOVEL INFECTIONS OF H7N9 IN CHINA AND

OF THE MIDDLE EAST RESPIRATORY SYNDROME CORONA VIRUS (MERS-COV), ASTHO

WORKED IN COLLABORATION WITH CDC AND NACCHO TO HOST TELEPHONE BRIEFINGS

FOR MEMBERS TO ADDRESS THE ONGOING INVESTIGATION AND CONTROL OF THESE

ILLNESSES AS WELL AS U.S. PREPAREDNESS EFFORTS SHOULD THE DISEASES

SPREAD. ASTHO CLOSELY MONITORED THESE SITUATIONS AND PREPARED WEEKLY

SUMMARIES FOR MEMBERS. AT THE SUGGESTION OF ASTHO, CDC ALSO DEVELOPED A

LIST OF 10 PRIORITY PLANNING TIPS TO HELP PUBLIC HEALTH OFFICIALS

ENSURE READINESS FOR AN INFLUENZA PANDEMIC RESPONSE.

OTHER MAIN ACTIVITIES CONDUCTED THIS PAST YEAR TO IMPROVE THE NATION'S

PREPAREDNESS FOR A FUTURE INFLUENZA PANDEMIC INCLUDE:

- WORKING WITH CDC AND STATE AND LOCAL PARTNERS ON AN EXPLORATORY

PROJECT TO IDENTIFY MORE EFFICIENT METHODS FOR ANTIVIRAL DISTRIBUTION

THROUGH PARTNERSHIP WITH PHARMACIES.

- DEVELOPING RESOURCES TO ENHANCE PUBLIC HEALTH PARTNERSHIPS FOR BOTH

SEASONAL AND PANDEMIC INFLUENZA RESPONSE. FOR EXAMPLE, A LEGAL TOOLKIT

IS BEING FINALIZED TO HIGHLIGHT LEGAL BARRIERS TO WORKING WITH

PHARMACIES; A TOOLKIT FOR WORKPLACE WELLNESS IMMUNIZATION INITIATIVES

THAT HIGHLIGHTS ROI AND STRATEGIES FOR ENGAGING BUSINESS PARTNERS; AND

A MODEL PRACTICES FRAMEWORK ON ENGAGEMENT WITH FAITH-BASED ENTITIES TO

EXPAND THE REACH TO VULNERABLE POPULATIONS, DEVELOPED IN PARTNERSHIP

WITH EMORY INTERFAITH HEALTH INITIATIVE.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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- ONE LESSON FROM THE H1N1 PANDEMIC EXPERIENCE IS THAT PUBLIC HEALTH AGENCIES COULD IMPROVE RESPONSE BY DEVELOPING A PLAN THAT ASSESSES THE TYPES AND AMOUNT OF EMERGENCY SUPPLEMENTAL APPROPRIATIONS NECESSARY IN A PANDEMIC EMERGENCY. ASTHO WORKED WITH CDC AND THE OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE TO CONDUCT AN EXERCISE WITH NINE STATES AND NEW YORK CITY TO ASCERTAIN THE FULL SPECTRUM OF COSTS ASSOCIATED WITH A SEVERE PANDEMIC. THE GOAL FOR THE SPEND PLAN IS TO GIVE STATES AND THE FEDERAL GOVERNMENT EVIDENCE-BASED DATA ON COST ESTIMATES SHOULD ANOTHER PANDEMIC STRIKE. THIS PROJECT WILL CONTINUE INTO EARLY 2014.

RESPONSE TO HURRICANE SANDY

ASTHO STAFF ASSISTED IN THE RESPONSE TO HURRICANE SANDY IN SEVERAL CAPACITIES, INCLUDING COLLECTING, SUMMARIZING, AND DISTRIBUTING SITUATION REPORTS FROM AFFECTED STATES AND FEDERAL AGENCIES. ASTHO CONTINUES DISCUSSIONS WITH THE CDC NATIONAL CENTER FOR ENVIRONMENTAL HEALTH TO IDENTIFY WAYS TO IMPROVE TECHNICAL ASSISTANCE TO STATES AND TERRITORIES DEALING WITH POST-STORM ENVIRONMENTAL HAZARDS.

GLOBAL HEALTH AND INFECTIOUS DISEASE

ASTHO HELD ITS FIRST GLOBAL HEALTH MEETING IN AUGUST 2013 TO EXAMINE THE IMPACT OF GLOBAL DISEASE TRENDS AND MIGRATION ON STATE PUBLIC HEALTH. THE MEETING WAS DESIGNED TO DISCUSS THE ROLE OF STATE PUBLIC HEALTH IN THE EVENT OF AN INFECTIOUS DISEASE ISSUE RELATED TO MOVEMENT IN OR OUT OF THE COUNTRY.

DEVELOPMENT OF A NATIONAL FOODBORNE ILLNESS OUTBREAK RESPONSE STANDARD
IN RESPONSE TO CDC'S CONCERN OVER CURRENT CAPACITY AND CAPABILITY TO

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RESPOND RAPIDLY TO MULTISTATE FOODBORNE OUTBREAKS, IN JULY 2012 JUDY MONROE, DIRECTOR OF CDC'S OFFICE OF STATE, TERRITORIAL, LOCAL, AND TRIBAL SUPPORT (OSTLTS), CONVENED A SMALL, HIGH-LEVEL WORKGROUP OF MEMBERS FROM ASTHO, NACCHO, AND THE COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS (CSTE). THE WORKGROUP WAS CHARGED WITH IMPLEMENTING A STANDARD FOR CASE INTERVIEW TIMELINESS DURING DISEASE OUTBREAK INVESTIGATIONS. IN MARCH 2013 ASTHO PROVIDED FEEDBACK TO CDC ON THE FINAL DRAFT OF THE MULTISTATE FOODBORNE DISEASE OUTBREAK INVESTIGATION INTERVIEW TIMELINESS STANDARD.

WEST NILE VIRUS PREPARATIONS FOR THE UPCOMING MOSQUITO SEASON IN RESPONSE TO THE PUBLIC HEALTH THREATS PRESENTED BY RECENT VECTOR-BORNE DISEASE OUTBREAKS, ASTHO CONVENED A VECTOR CONTROL WORK GROUP. THE GROUP IS COMPRISED OF SENIOR STATE AND TERRITORIAL HEALTH AGENCY STAFF AND REPRESENTATIVES FROM ASTHO AFFILIATES (NAVCO, CSTE). THE GROUP IS CURRENTLY REVISING ASTHO'S 2008 DOCUMENT, "BEFORE THE SWARM: GUIDELINES FOR THE EMERGENCY MANAGEMENT OF MOSQUITO-BORNE DISEASE OUTBREAKS", BY INCORPORATING NEWER CASE STUDIES AND ADDING A CHAPTER ON THE GEOGRAPHIC DISTRIBUTION OF VECTORS DUE TO TRIGGER EVENTS SUCH AS CLIMATE CHANGE.

EVIDENCE-BASED TRANSPORTATION POLICY GUIDES THROUGH A HEALTH IN ALL POLICIES (HIAP) COOPERATIVE AGREEMENT, ASTHO HAS BEEN DEVELOPING RESOURCES TO EMPOWER HEALTH AGENCIES TO PROMOTE HIAP APPROACHES. IN 2013, ASTHO DEVELOPED 15 GUIDES FOR INTEGRATING HEALTH INTO TRANSPORTATION POLICIES, INCLUDING IMPROVING ACCESS TO PUBLIC TRANSPORTATION, IMPROVING TRANSPORTATION SAFETY AND QUALITY, AND PROMOTING THE USE OF CLEAN ENERGY. THESE GUIDES CAN BE FOUND ON THE

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NEWLY-CREATED ASTHO HIAP WEBPAGE.

NATIONAL HEALTH SECURITY PREPAREDNESS INDEX (NHSPI)

THE GOAL IN CREATING A NATIONAL HEALTH SECURITY PREPAREDNESS INDEX, A
PROJECT THAT IS CDC-FUNDED AND ASTHO-LED, IS TO DEVELOP A
FIRST-OF-ITS-KIND NATIONALLY RECOGNIZED METHODOLOGY AND TOOL TO
QUANTIFY THE CURRENT STATUS OF STATE AND NATIONAL PREPAREDNESS TO GUIDE
IMPROVEMENT AND ALLOCATION OF RESOURCES. ASTHO HAS ENGAGED A WIDE
CROSS-SECTION OF MEMBER STAKEHOLDERS ON WORKGROUPS FOR THIS PROJECT. A
DEVELOPMENTAL DRAFT OF NHSPI WAS RELEASED TO THE STATES, WORKGROUP
MEMBERS, AND PARTNER ORGANIZATIONS IN APRIL 2013 WITH A 60-DAY REVIEW
PERIOD. THE PROJECT WORKGROUPS PROCESSED THE FEEDBACK, WHICH WAS
POSITIVE AND CONSTRUCTIVE, AND MODIFIED THE NHSPI MODEL. ASTHO ALSO
ASSISTED IN PREPARING FOR THE FULL-SCALE RELEASE OF THE FIRST VERSION
OF NHSPI IN DECEMBER 2013.

DRUG SHORTAGE COPING STRATEGIES PAPER RELEASED

IN DECEMBER 2012, ASTHO RELEASED "COPING WITH AND MITIGATING THE
EFFECTS OF SHORTAGES OF EMERGENCY MEDICATIONS", WHICH LAYS OUT A
FRAMEWORK FOR HOW STATE AND LOCAL HEALTH DEPARTMENTS, AS WELL AS
EMERGENCY MEDICAL SERVICES PROVIDERS AND CARE FACILITIES, CAN DEAL WITH
DRUG SHORTAGES. AT THE REQUEST OF THE ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE, ASTHO LED THIS PROJECT INVOLVING THE INPUT
OF 15 INTERNATIONAL PUBLIC HEALTH, EMERGENCY MEDICAL SERVICES, AND
TRAUMA CARE ORGANIZATIONS. TEN NORTH AMERICAN HEALTH ORGANIZATIONS HAVE
OFFICIALLY ENDORSED THIS REPORT, INCLUDING NACCHO, AMERICAN PHARMACISTS
ASSOCIATION, THE AMERICAN ASSOCIATION OF POISON CONTROL CENTERS, AND
NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS. SOON AFTER ITS

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RELEASE, ASTHO USED THE REPORT IN TECHNICAL ASSISTANCE REQUESTS IN NEW
YORK STATE AND GUAM.

FUNGAL MENINGITIS OUTBREAK AND COMPOUNDING PHARMACY REGULATORY
OVERSIGHT

THIS PAST YEAR'S FUNGAL MENINGITIS OUTBREAK ASSOCIATED WITH A
PHARMACY-COMPOUNDED STERILE PRODUCT SPARKED A FIRESTORM OF NATIONAL
POLICY DEBATE AND EXAMINATION OVER THE SAFETY OF COMPOUNDED
PHARMACEUTICALS AND THE ADEQUACY OF STATE AND FEDERAL REGULATORY
OVERSIGHT OF THE INDUSTRY. MANY ASTHO MEMBERS WERE INVOLVED IN THIS
NATIONAL RESPONSE, AND EPIDEMIOLOGICAL WORK CONTINUES AT THE STATE
LEVEL TODAY. ASTHO PARTICIPATED IN ALMOST DAILY CDC/STATE CALLS TO
DISCUSS THE STATUS OF PRODUCT RECALLS, CLINICAL DATA AND TEST RESULTS,
AND FURTHER DEFINE THE ROLE OF PUBLIC HEALTH IN THE RESPONSE AND
PROVIDED INFORMATION ALERTS TO MEMBERS. ON OCT. 26, 2012, ASTHO WROTE A
PRESS RELEASE EXPLAINING THE IMPORTANCE OF THE PUBLIC HEALTH RESPONSE
AND THE CHALLENGE THAT THE CONSTANT BUDGET REDUCTIONS PLACE ON HEALTH
DEPARTMENTS IN THESE TYPES OF SITUATIONS. ON MARCH 13, 2013, PAUL
JARRIS TESTIFIED BEFORE THE HOUSE APPROPRIATIONS LABOR, HHS, EDUCATION
AND RELATED AGENCIES SUBCOMMITTEE PUBLIC AND OUTSIDE WITNESS HEARING ON
THIS MATTER.

IN RESPONSE TO A NOV. 28, 2012, FEDERAL REGISTER NOTICE ON PHARMACY
COMPOUNDING OVERSIGHT, ASTHO SUBMITTED FORMAL COMMENTS ON FDA'S
PROPOSED RISK-BASED FRAMEWORK TO IMPROVE THE REGULATORY OVERSIGHT OF
ALL PHARMACY COMPOUNDING OPERATIONS.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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PUBLIC HEALTH PERFORMANCE:

ASTHO PUBLICATIONS

OCTOBER 2012

JARRIS PE* AND ELLEN SCHLEICHER PLISKA*. 2012. STATE PUBLIC HEALTH
AGENCIES' COMMITMENT TO HEALTHY BABIES: ADDRESSING THE GOODNESS AND
FAIRNESS IN BREASTFEEDING RATES. BREASTFEEDING MEDICINE. OCTOBER 2012,
7(5): 350-353.

JANUARY 2013

JARRIS PE*, SELLERS K. * "STRATEGIES FOR PUBLIC HEALTH IN A
TRANSFORMING HEALTH SYSTEM." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND
PRACTICE. 2013. 19(1):93-96.

MARCH 2013

JARRIS PE. * "WHAT HEALTH OFFICIALS AND TRIATHLETES HAVE IN COMMON."
JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2013. 19(2):190-191.

JARRIS PE*, TALKINGTON K. * "IT'S A MATTER OF LIFE AND DEATH." IOM
PERSPECTIVES. 2013. AVAILABLE AT
[HTTP://WWW.IOM.EDU/=/MEDIA/FILES/PERSPECTIVES-
FILES/2013/COMMENTARIES/BGHAMATTEROFLIFEANDDEATH. PDF.](http://www.iom.edu/=/media/files/perspectives-files/2013/commentaries/bghamatteroflifeanddeath.pdf) ACCESSED
5-8-2013.

LUMPKIN JR, MILLER YK, INGLESBY T, LINKS JM, SCHWARTZ AT, SLEMP CC,
BURHANS RL, BLUMENSTOCK J*, KHAN AS. "THE IMPORTANCE OF ESTABLISHING A
NATIONAL HEALTH SECURITY PREPAREDNESS INDEX." BIOSECURITY AND
BIOTERRORISM: BIODEFENSE STRATEGY, PRACTICE, AND SCIENCE. 2013.
11(1):81-87.

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**MASSIN-SHORT S, FISHER VS, BAKKER G* ET AL. "ADMINISTRATION OF
EMERGENCY PREPAREDNESS DEPARTMENT OF HEALTH AND HUMAN SERVICE FUNDS:
THE EXPERIENCE OF STATE AND LOCAL HEALTH DEPARTMENTS." JOURNAL OF
PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2013. 19(2):192-195.**

MAY 2013

**JARRIS PE*, MISHRA M. * "MAKING HEALTH EQUITY A CORE PART OF ALL PUBLIC
HEALTH WORK." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2013.
19(3):278-280.**

**SCHNEIDER JP, PESTRONK RM, JARRIS PE*. "RAMPING UP POLICY MEASURES IN
THE AREA OF PHYSICAL ACTIVITY." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND
PRACTICE. 2013. 19():S1-S4.**

JULY 2013

**JARRIS PE*, PEKARSKY JP*. "ENGAGING PARTNERS TO SUPPORT THE NATIONAL
PREVENTION STRATEGY." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE.
2013. 19(4):386-387.**

SEPTEMBER 2013

**MONTERO JT, TERRILLION A.* "REINTEGRATING HEALTH CARE AND PUBLIC
HEALTH: A POPULATION HEALTH IMPERATIVE." JOURNAL OF PUBLIC HEALTH
MANAGEMENT AND PRACTICE. 2013. 19(5):493-496.**

*** DENOTES ASTHO STAFF.**

2012 ASTHO PROFILE SURVEY

232212
01-04-13

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ON OCT. 1, 2012, ASTHO LAUNCHED THE 2012 PROFILE SURVEY, THE THIRD IN ITS SERIES OF SURVEYS COLLECTING A VARIETY OF INFORMATION ON STATE, TERRITORIAL, AND FREELY ASSOCIATED STATE PUBLIC HEALTH AGENCIES. THE WEB-BASED SURVEY, DISTRIBUTED TO THE 50 STATES, DC AND THE EIGHT TERRITORIES AND FREELY ASSOCIATED STATES, COVERS PUBLIC HEALTH AGENCY ACTIVITIES; AGENCY STRUCTURE, GOVERNANCE, AND PRIORITIES; WORKFORCE; FINANCE; PLANNING AND QUALITY IMPROVEMENT; AND HEALTH INFORMATION MANAGEMENT. RESPONSES WERE RECEIVED FROM 48 STATES, DC, AND FIVE TERRITORIES AND FREELY ASSOCIATED STATES, FOR AN OVERALL RESPONSE RATE OF 92 PERCENT. EXTENSIVE FOLLOW-UP HAS BEEN CONDUCTED IN THE FIRST HALF OF 2013 TO VERIFY RESPONSES AND TO FINALIZE STATE PROFILES. RESULTS WILL BE PUBLISHED IN THE THIRD VOLUME OF ASTHO'S PROFILE OF STATE PUBLIC HEALTH.

BUDGET CUTS SURVEY SERIES

IN DECEMBER 2012, ASTHO RELEASED THE LATEST VERSION OF ITS BUDGET CUTS RESEARCH BRIEF, REPORTING ON THE RESULTS OF THE AUGUST 2012 BUDGET CUTS SURVEY. THE WEB-BASED SURVEY HAS BEEN ADMINISTERED TO THE 59 STATE AND TERRITORIAL HEALTH AGENCIES APPROXIMATELY EVERY SIX MONTHS SINCE JULY 2008. SINCE 2008, THE SURVEY HAS GENERATED A TOTAL OF 55 RESPONDENTS (50 STATES, FOUR TERRITORIES, AND THE DISTRICT OF COLUMBIA). IN AUGUST 2012, 47 STATES, DC, AND 3 TERRITORIES RESPONDED TO THE SURVEY; IN FEBRUARY 2013, 46 STATES AND 3 TERRITORIES RESPONDED. AN UPDATED VERSION OF THE BUDGET CUTS RESEARCH BRIEF WILL BE AVAILABLE ON ASTHO'S WEBSITE.

APPLIED PUBLIC HEALTH INFORMATICS FELLOWSHIP

THE APPLIED PUBLIC HEALTH INFORMATICS FELLOWSHIP (APHIF) IS A JOINT

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FELLOWSHIP BETWEEN ASTHO, CSTE, THE PUBLIC HEALTH INFORMATICS INSTITUTE (PHII), AND CDC IN WHICH UP TO 10 FELLOWS ARE PLACED IN STATE AND LOCAL HEALTH DEPARTMENTS TO WORK ON CROSS-CUTTING PROJECTS AND INCREASE INFORMATICS WORKFORCE CAPACITY. ASTHO IS SUPPORTING A SECOND COHORT OF FELLOWS WHO HAVE RECENTLY BEEN PLACED AT MATCHED HOST SITES. THE FIRST COHORT HAD EIGHT FELLOWS, PLACED IN DUVAL COUNTY (FL), FLORIDA, ILLINOIS, NEW YORK CITY, NORTH CAROLINA, UTAH, WASHINGTON, AND WISCONSIN. THE SECOND COHORT HAS NINE FELLOWS PLACED IN FLORIDA, WISCONSIN, NEW YORK CITY, INDIANAPOLIS (IN), UTAH, VIRGINIA, SAN DIEGO (CA), DENVER (CO), AND MICHIGAN.

INFORMATICS DIRECTORS PEER NETWORK (IDPN)

ASTHO HAS CREATED A PEER NETWORK FOR STATE-WIDE PUBLIC HEALTH INFORMATICS LEADS IDENTIFIED BY SENIOR LEADERSHIP TO COLLABORATE ON KEY TECHNICAL PUBLIC HEALTH INFORMATICS CHALLENGES. KEY AREAS OF WORK INCLUDE IDENTIFYING PUBLIC HEALTH INFORMATICS PRIORITIES ACROSS THE UNITED STATES, VENDOR AND SYSTEM CHALLENGES AND SOLUTIONS, INFORMATION ARCHITECTURE, WORKFORCE TRAINING, MEDICAID 90/10 MATCHES, AND THE PRIVACY AND SECURITY OF PUBLIC HEALTH SYSTEMS. IDPN MET IN APRIL TO DISCUSS, STRATEGIZE, AND BUILD CONSENSUS ON KEY AREAS OF PUBLIC HEALTH INFORMATICS. ASTHO IS FACILITATING AN ONLINE COLLABORATIVE PLATFORM WHERE THE NETWORK CAN SHARE AND EXCHANGE INFORMATION AND EXPERIENCES, BUILD KNOWLEDGE, AND ADDRESS SHARED CHALLENGES.

BIOSENSE 2.0

BIOSENSE 2.0 IS CDC'S SECURE CLOUD-BASED SYNDROMIC SURVEILLANCE SYSTEM, DESIGNED TO SUPPORT THE ABILITY OF PUBLIC HEALTH AGENCIES TO MONITOR AND ANALYZE EMERGENCY DEPARTMENT DATA FROM HOSPITALS AND SHARE THIS

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DATA AMONG PUBLIC HEALTH JURISDICTIONS. ASTHO CONTINUES TO SUPPORT
BIOSENSE 2.0 BY ESTABLISHING BIOSENSE 2.0 DATA USE AGREEMENTS (DUAS)
WITH PUBLIC HEALTH JURISDICTIONS, ALLOWING THEM TO JOIN THE SYSTEM, AND
BY FACILITATING THE BIOSENSE 2.0 GOVERNANCE GROUP, WHICH PROVIDES
GUIDANCE FOR THE DEVELOPMENT AND POLICIES OF THE SYSTEM. IN SEPTEMBER
2012, ASTHO HAD ESTABLISHED 31 BIOSENSE 2.0 DUAS WITH STATE AND LOCAL
JURISDICTIONS. IN THIS PAST YEAR, AN ADDITIONAL 18 JURISDICTIONS HAVE
JOINED, FOR A CURRENT TOTAL OF 49 STATE AND LOCAL JURISDICTIONS.

SUPPORT OF NATIONAL PUBLIC HEALTH DEPARTMENT ACCREDITATION
THE WASHINGTON STATE DEPARTMENT OF HEALTH AND THE OKLAHOMA STATE
DEPARTMENT OF HEALTH WERE ACCREDITED BY THE PUBLIC HEALTH ACCREDITATION
BOARD (PHAB). AS OF JULY 1, 2013, 18 STATES WERE IN QUEUE FOR PHAB
ACCREDITATION. SINCE OCTOBER 2012, ASTHO HAS COMPLETED TWENTY-SEVEN
REQUESTS FOR TECHNICAL ASSISTANCE AND IS CURRENTLY IN THE PROCESS OF
PLANNING NINE FURTHER REQUESTS FROM THE STATES AND TERRITORIES.
TECHNICAL ASSISTANCE REQUESTS HAVE BEEN FOR SUPPORT ON VARIOUS
ACCREDITATION PREPARATION TOPICS, INCLUDING REQUESTS FOR ASTHO'S
ON-SITE ACCREDITATION WORKSHOP TO FACILITATE AN INTERNAL
SELF-ASSESSMENT AGAINST THE PHAB STANDARDS FOR A DOCUMENTATION/EVIDENCE
READINESS ASSESSMENT.

OTHER WORK IN SUPPORT OF ACCREDITATION INCLUDES: SUPPORT FOR LARGE
STATES, WHICH FACE UNIQUE CHALLENGES IN ACCREDITATION, IN COLLABORATION
WITH ROBERT WOOD JOHNSON FOUNDATION; CONVENING THE ACCREDITATION
COORDINATOR LEARNING COMMUNITY; FOUR WEBINARS FEATURING STATE
EXPERIENCES WITH THE ACCREDITATION PROCESS; AND AN ONLINE ACCREDITATION
LIBRARY OF STATE RESOURCES.

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ASTHO HAS AIDED STATES IN QUALITY IMPROVEMENT INITIATIVES THROUGH
DEVELOPMENT OF A NEW TOOL FOR ESTIMATING ROI FOR QI PROJECTS;
DEVELOPMENT OF A QUALITY IMPROVEMENT PLAN TOOLKIT FOR STATE HEALTH
AGENCIES; DEVELOPMENT, IN CONJUNCTION WITH THE ILLINOIS PUBLIC HEALTH
INSTITUTE, OF A STATE HEALTH ASSESSMENT RESOURCE; AND DEVELOPMENT OF A
WHITE PAPER DETAILING CURRENT COLLABORATIVE PRACTICES AND PARTNERSHIPS
IN PREPARING FOR ACCREDITATION.

RELEASE OF VERSION 3.0 OF THE NATIONAL PUBLIC HEALTH PERFORMANCE
STANDARDS

THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS ARE DESIGNED TO
MEASURE AND IMPROVE PUBLIC HEALTH SYSTEM PERFORMANCE AT THE STATE
LEVEL. ORIGINALLY RELEASED IN 2002 AND UPDATED IN 2007, THE STANDARDS
HAVE BEEN RE-ENGINEERED BASED ON FEEDBACK FROM THE FIELD AND WERE
RELEASED IN JUNE 2013. ASTHO IS NOW HOSTING THE STATE MATERIALS. ASTHO
AND THE PERFORMANCE DASHBOARD SUBCOMMITTEE, A SUBGROUP OF THE
PERFORMANCE POLICY COMMITTEE, ARE DEVELOPING A PERFORMANCE DASHBOARD
THAT WILL CONTAIN PERFORMANCE INDICATORS FOR COMMON OPERATIONAL AND
ADMINISTRATIVE PROCESSES AT STATE HEALTH AGENCIES.

COLLABORATION AND QUALITY IMPROVEMENT AMONG FEDERAL, STATE, AND LOCAL
AGENCIES

ASTHO IS PROVIDING SUPPORT TO THE ROBERT WOOD JOHNSON FOUNDATION TO
PROMOTE COLLABORATION AND QUALITY IMPROVEMENT AMONG AND BETWEEN
DIFFERENT GOVERNMENT AGENCIES. THE FIRST MEETING, HELD IN MARCH 2013,
WAS ATTENDED BY REPRESENTATIVES FROM HHS, THE HEALTH RESOURCES AND
SERVICES ADMINISTRATION, CDC, THE DEPARTMENT OF AGRICULTURE, AS WELL AS

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REPRESENTATIVES FROM SELECT STATE AND LARGE-CITY HEALTH AGENCIES. THE MEETING WAS AN OPPORTUNITY TO VISUALIZE WHAT COLLABORATING ACROSS AGENCIES ON A QI PROJECT MIGHT ENTAIL AND TO BRAINSTORM PRESSING IMPROVEMENT NEEDS. BY THE END OF THE SERIES, MEETING PARTICIPANTS WILL IDENTIFY A SHORT LIST OF FEDERAL QUALITY IMPROVEMENT PROJECTS IN PUBLIC HEALTH AS PRIORITIES FOR IMPLEMENTATION.

NATIONAL QUALITY IMPROVEMENT DEMONSTRATION PROJECTS

ASTHO'S NATIONAL QUALITY IMPROVEMENT DEMONSTRATION INITIATIVE'S FIVE STATE HEALTH AGENCY TEAMS-ARIZONA, CONNECTICUT, MARYLAND, MINNESOTA, AND OREGON-ARE COMPLETING THEIR "TESTS OF CHANGE" AND WILL BEGIN IMPLEMENTING AND SUSTAINING CHANGES WITHIN THEIR RESPECTIVE AGENCIES IN THE UPCOMING MONTHS. THE STATES' QI PROJECTS INVOLVE ENVIRONMENTAL HEALTH, CHRONIC DISEASE, AND MATERNAL AND CHILD HEALTH PROGRAMS.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

PUBLIC HEALTH PROMOTION AND DISEASE PREVENTION:

PRESIDENT'S CHALLENGE

THE 2013 ASTHO PRESIDENT'S CHALLENGE ON REINTEGRATING PUBLIC HEALTH AND PRIMARY CARE DEVELOPED A "CAPTURING SUCCESSES TOOL" TO COLLECT STORIES FROM STATE HEALTH AGENCIES. COMMON TOPICS OF SUBMITTED STORIES INCLUDE ASTHMA, BEHAVIORAL AND PRIMARY CARE SERVICES INTEGRATION, COMMUNITY BENEFIT PLANNING, HEALTHY EATING AND OBESITY PREVENTION, HEALTH DEPARTMENT AND PRIMARY CARE SERVICES INTEGRATION, MATERNAL AND CHILD HEALTH, MILLION HEARTS, AND TOBACCO CESSATION.

ASTHO ALSO FORMED THE ASTHO-SUPPORTED PRIMARY CARE AND PUBLIC HEALTH

COLLABORATIVE, A PARTNERSHIP OF MORE THAN 50 ORGANIZATIONS THAT SEEK TO

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**INFORM, ALIGN, AND SUPPORT THE IMPLEMENTATION OF INTEGRATED EFFORTS
THAT IMPROVE POPULATION HEALTH AND LOWER HEALTH COST.**

**ASTHO CONVENED A NUMBER OF DISCUSSIONS TO EXPLORE THE INTEGRATION OF
PUBLIC HEALTH AND HEALTHCARE IN RELATION TO INFECTIOUS DISEASES.
MEETINGS HAVE EXPLORED CHANNELS OF INTEGRATION, INCLUDING WORKPLACES
AND SCHOOLS; STD PROGRAMS; AND, WITH THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS, INCREASING IMMUNIZATION RATES OF
PREGNANT WOMEN.**

PREVENTING FIREARM INJURY AND DEATH

**FOLLOWING THE SANDY HOOK TRAGEDY, SEVERAL ASTHO MEMBERS REQUESTED THAT
ASTHO IDENTIFY PUBLIC HEALTH RESOURCES FOR STATES AS THEY WORK TO
PREVENT FIREARM INJURY AND DEATH. ASTHO INITIALLY BROUGHT TOGETHER SIX
STATE HEALTH OFFICIALS REPRESENTING A BROAD RANGE OF GEOGRAPHIC
LOCATIONS, SIZE, POLITICAL LEADERSHIP, AND URBAN AND RURAL DIVERSITY.
THE ASTHO BOARD REVIEWED AND FINALIZED THE OVERALL APPROACH INCLUDING
TITLE, TYPES OF RESOURCES NEEDED, AND ONGOING AND FUTURE PARTNERSHIPS.
ASTHO STAFF, WORKING CLOSELY WITH FEDERAL PARTNERS AND NATIONAL PUBLIC
HEALTH ORGANIZATIONS SUCH AS THE SAFE STATES ALLIANCE, AN ASTHO
AFFILIATE, IS CONTINUOUSLY UPDATING THE ASTHO WEB PAGE DEDICATED TO
THESE RESOURCES.**

STATE PRIMARY CARE OFFICES

**ASTHO CONTINUES ITS SUPPORT OF THE PRIMARY CARE OFFICE DIRECTORS'
COMMITTEE, WHICH IS COMPRISED OF PCO REPRESENTATIVES FROM EACH HHS
REGION. COMMITTEE MEMBERS WERE PART OF A NATIONAL MEETING BETWEEN CMS,
HRSA, AND THE NATIONAL ASSOCIATION OF MEDICAID DIRECTORS ADDRESSING**

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PAYMENT REFORM FOR FEDERALLY QUALIFIED HEALTH CENTERS AND OTHER
COMPONENTS OF THE SAFETY NET WITH NEW ACA-RELATED INVESTMENTS IN HEALTH
SYSTEMS IMPROVEMENT.

STATE INNOVATION MODEL GRANTS

ASTHO, IN PARTNERSHIP WITH CDC AND THE NATIONAL GOVERNOR'S ASSOCIATION,
PARTICIPATED ON A TEAM THAT PROVIDED ON-SITE TECHNICAL ASSISTANCE IN
JULY AND AUGUST. ASTHO PROVIDED GUIDANCE ON STRATEGIES FOR INTEGRATING
PUBLIC HEALTH AND POPULATION MEASURES IN DESIGNING STATES' HEALTHCARE
INNOVATION PLANS. UNDER ITS NEW COOPERATIVE AGREEMENT, ASTHO WILL
CONTINUE TO WORK WITH CDC TO: 1) SUPPORT SHOS IN THEIR SIM STAKEHOLDER
ENGAGEMENT AND OUTREACH ACTIVITIES; 2) ENABLE INFORMATION EXCHANGE WITH
NON-SIM FUNDED STATES; 3) ADVANCE THE LEADERSHIP POSITION OF SHOS AS
THEY WORK TO IMPLEMENT THEIR HEALTH CARE INNOVATION PLANS; AND 4)
SUPPORT THE COORDINATION OF OTHER CMMI GRANTS WITH SIM ACTIVITIES.

STATE INNOVATION MODEL DESIGN STATES MEETING WITH NGA AND CMMI
THE NATIONAL GOVERNORS ASSOCIATION HOSTED A STATE INNOVATION MODEL
DESIGN STATES MEETING IN MAY 2013 TO ALLOW 16 DESIGN STATES TO IDENTIFY
AND STRATEGIZE ABOUT THE KEY INGREDIENTS OF A SUCCESSFUL STATE
HEALTHCARE INNOVATION PLAN. EIGHT SHOS ATTENDED THE MEETING, WHICH
CONCLUDED WITH AN ANNOUNCEMENT OF A NEW \$1 BILLION FUNDING OPPORTUNITY
TO SUPPORT HEALTHCARE INNOVATIONS.

ADDRESSING PRESCRIPTION DRUG OVERDOSE, ABUSE AND MISUSE
OVER THE PAST TWO YEARS WITH SUPPORT FROM CDC, ASTHO HAS SUPPORTED
STATES IN ADDRESSING THE PUBLIC HEALTH EPIDEMIC OF PRESCRIPTION DRUG
OVERDOSE, ABUSE, AND MISUSE. CURRENTLY ASTHO IS WORKING WITH NINE

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STATES (ARIZONA, CONNECTICUT, DELAWARE, KENTUCKY, ILLINOIS, OKLAHOMA, OHIO, TENNESSEE, AND WEST VIRGINIA) TO SUPPORT STATE HEALTH OFFICIALS, THEIR LEADERSHIP TEAMS, AND OTHER PARTNERS IN THE DEVELOPMENT AND IMPLEMENTATION OF A STATE ACTION PLAN TO ADDRESS PRESCRIPTION DRUG MISUSE, ABUSE, AND DIVERSION. THE FOCUS IS ON USING A COORDINATED APPROACH TO CONSIDER THE ISSUE ALONG A CONTINUUM (I.E., PREVENTION, MONITORING AND SURVEILLANCE, ENFORCEMENT, TREATMENT AND RECOVERY). THIS LEARNING COLLABORATIVE INCLUDES FEDERAL EXPERTS FROM CDC, THE OFFICE OF THE NATIONAL DRUG CONTROL POLICY, THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES AGENCY, AND THE NATIONAL INSTITUTE OF DRUG ABUSE. ASTHO AFFILIATES SAFE STATES ALLIANCE AND THE NATIONAL ASSOCIATION OF STATE ALCOHOL DRUG ABUSE DIRECTORS ARE ALSO PARTICIPATING.

ADDITIONALLY, ASTHO IS PARTNERING WITH THE NATIONAL GOVERNOR'S ASSOCIATION AND NACCHO TO ENSURE COORDINATED SUPPORT ACROSS ALL STATES AND TO OPTIMIZE EXPERTS AND TOOLS.

WITH THE LEADERSHIP OF ASTHO INCOMING PRESIDENT TERRY CLINE (OK), ASTHO HAS CREATED A STRATEGIC MAP WITH NATIONAL PARTNERS TO IDENTIFY AND PRIORITIZE ACTIONS NEEDED TO ADDRESS PRESCRIPTION DRUG OVERDOSE AND ABUSE.

ASTHO IS ALSO WORKING WITH FEDERAL AND STATE EXPERTS IN UNDERSTANDING, ADDRESSING, AND PREVENTING THE INCREASING INCIDENCE OF NEONATAL ABSTINENCE SYNDROME, OR BABIES BORN DEPENDENT ON OPIOIDS. SEVERAL STATES ARE DEVELOPING CRITICAL STRATEGIES TO ADDRESS THIS ISSUE.

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**ASTHO AND UNITED HEALTH FOUNDATION: STATE COLLABORATIVES AND HEALTH
EQUITY INDEX**

WITH FUNDING FROM THE UNITED HEALTH FOUNDATION (UHF), ASTHO IS
FACILITATING A FIVE-STATE LEARNING COLLABORATIVE, WHERE STATE TEAMS
FROM ARKANSAS, GEORGIA, KANSAS, OKLAHOMA, AND RHODE ISLAND ARE WORKING
TO REDUCE RATES OF OBESITY, DIABETES, INFANT MORTALITY, OR SMOKING. THE
GOAL OF THE PROJECT IS TO PROVIDE STATES WITH IN-DEPTH SUPPORT,
INCLUDING STRATEGIES FROM OTHER STATES, AND SUBJECT MATTER EXPERTS TO
IMPROVE TARGETED HEALTH OUTCOMES. ALSO THROUGH THE UHF'S SUPPORT, ASTHO
HAS ESTABLISHED AN AWARD RECOGNIZING A STATE THAT HAS UTILIZED UHF'S
AMERICA'S HEALTH RANKINGS TO IMPROVE HEALTH OUTCOMES.

UHF RESEARCH EXPERTS ALSO WORKED WITH ASTHO RESEARCH AND EVALUATION AND
PROGRAM STAFF TO DEVELOP A HEALTH EQUITY TOOL TO ASSIST STATES IN
SETTING GOALS AROUND ADDRESSING HEALTH DISPARITIES TO IMPROVE HEALTH
EQUITY IN THEIR STATES. THE FIVE STATES IN THE UHF LEARNING
COLLABORATIVE WILL TEST THE TOOL OVER THE COMING YEAR.

MATERNAL AND CHILD HEALTH ACTIVITIES

IN SUPPORT OF THE HEALTHY BABIES INITIATIVE, WHICH WAS THE 2012 ASTHO
PRESIDENT'S CHALLENGE ISSUED BY DAVID LAKEY (TX), THE MARCH OF DIMES
PREMATURITY CAMPAIGN, AND SIMILAR PUBLIC HEALTH INITIATIVES, ASTHO AND
THE MARCH OF DIMES PARTNERED TO CREATE A STATE PLEDGE TO REDUCE
PREMATURITY BY 8 PERCENT BY 2014. AS OF JULY 2013, 50 STATES, THE
DISTRICT OF COLUMBIA, AND PUERTO RICO HAD AGREED TO THE PLEDGE.

THE HRSA REGION V COLLABORATIVE IMPROVEMENT & INNOVATION NETWORK

(COIIN) TO REDUCE INFANT MORTALITY WAS LAUNCHED IN MARCH 2013. HRSA IS

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FINALIZING THE TOP THREE COIIN STRATEGIES IDENTIFIED FOR THE
REGION-PRECONCEPTION CARE, SIDS/SUID, AND SOCIAL DETERMINANTS OF
HEALTH-BUT STATES WILL MAKE THE FINAL DETERMINATION. STATE TEAMS FROM
REGIONS IV, V, AND VI WILL RECONVENE IN OCTOBER 2013 TO SOLIDIFY STATE
PLANS, ASSESS PROGRESS, AND, FOR REGION V, KICK OFF THE COIIN STRATEGY
TEAM PROCESS. MORE INFORMATION CAN BE FOUND ON THE HEALTHY BABIES
WEBPAGE.

HEALTH EQUITY

WITH SUPPORT FROM CDC'S OFFICE OF MINORITY HEALTH AND HEALTH EQUITY,
ASTHO CONVENED A HEALTH EQUITY PARTNERSHIP MEETING IN MAY 2013 THAT
BROUGHT TOGETHER HEALTH EQUITY EXPERTS FROM FEDERAL, STATE, AND
NATIONAL ORGANIZATIONS TO UPDATE ASTHO'S HEALTH EQUITY STRATEGIC MAP.
PARTICIPANTS ALSO IDENTIFIED OPPORTUNITIES FOR ALIGNMENT AND
COLLABORATION ACROSS PARTNERS, IDENTIFIED CRITICAL ISSUES FACING THE
PROMOTION OF HEALTH EQUITY, AND DEVELOPED THE NEXT PHASE OF
IMPLEMENTATION. THE UPDATED MAP INCLUDES FOUR STRATEGIC PRIORITY AREAS
THROUGH WHICH ASTHO WILL WORK TO "MOBILIZE LEADERSHIP TO ACHIEVE HEALTH
EQUITY":

- FOSTER SOCIETAL UNDERSTANDING AND THE WILL TO ACHIEVE HEALTH EQUITY.
- LEVERAGE AND ENGAGE BROAD PUBLIC/PRIVATE PARTNERS IN HEALTH EQUITY
SOLUTIONS.
- LEVERAGE EXISTING AND NEW FUNDING FOR HEALTH EQUITY.
- STRENGTHEN ORGANIZATIONAL EFFECTIVENESS IN SUPPORT OF HEALTH EQUITY.

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

CROSS-CUTTING PROGRAMS:

STATE HEALTH LEADERSHIP INITIATIVE: HELPING OUR NEW MEMBERS SUCCEED

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NETWORK MEETING

TWELVE NEW SHOS PARTICIPATED IN THE MARCH 2013 NETWORKING MEETING.

**TOPICS INCLUDED WORKING WITH LOCAL PUBLIC HEALTH, COMMUNICATING
EFFECTIVELY WITH LEGISLATORS AND GOVERNOR'S OFFICES, AND COMMUNICATING
EFFECTIVELY IN TIMES OF CRISIS.**

LEADERSHIP FOR NEW HEALTH OFFICIALS (HARVARD).

**FOURTEEN NEW STATE AND TERRITORIAL HEALTH OFFICIALS ATTENDED LEADERSHIP
FOR NEW HEALTH OFFICIALS AT THE HARVARD KENNEDY SCHOOL OF GOVERNMENT IN
JULY/AUGUST 2013. SESSIONS FOCUSED ON STRATEGY, DIRECTING A STATE
HEALTH AGENCY, COMMUNICATIONS, LEADING DURING A CRISIS, AND BUDGET
PRIORITIZATION. PARTICIPANTS ALSO RECEIVED EXECUTIVE COACHING.
EXPERIENCED HEALTH OFFICIALS ALSO ATTENDED THE PROGRAM TO FOSTER
NETWORKING, PEER-TO-PEER TECHNICAL ASSISTANCE, AND FACILITATE
INTENTIONAL MENTOR-MENTEE MATCHES.**

WINTER MEETING.

**THIRTY-TWO STATE AND TERRITORIAL HEALTH OFFICIALS PARTICIPATED IN THE
ASTHO 2012 WINTER MEETING AND IN STRATEGIC CONVERSATIONS RELATED TO THE
2013 ASTHO PRESIDENT'S CHALLENGE AND STATE EXAMPLES OF:**

- PARTNERSHIPS WITH HOSPITALS, INSURERS, THE PROVIDER COMMUNITY, AND
OTHER KEY PLAYERS.**
- OPPORTUNITIES TO LEVERAGE MEDICAID FOR PREVENTION AND PUBLIC HEALTH.**
- ASTHO'S ROLE IN ENSURING QUALITY IN HEALTHCARE.**

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2012 ASTHO ANNUAL MEETING

MORE THAN 200 PUBLIC HEALTH LEADERS, INCLUDING 38 STATE AND TERRITORIAL HEALTH OFFICIALS, ATTENDED THE ASTHO 2012 ANNUAL MEETING IN AUSTIN, TEXAS. EVALUATIONS INDICATE PARTICIPANTS FOUND GREAT VALUE IN THE MEETING, WITH THE MEETING SCORING AN AVERAGE OF 4.6 ON A 5-POINT SCALE, WHERE 5 WAS DEFINED AS STRONGLY AGREEING WITH THE STATEMENT "I WOULD ATTEND THIS EVENT AGAIN OR RECOMMEND IT TO A COLLEAGUE."

EXPENSES \$ 1,637,970. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY:

ASTHO 2013 HILL DAY

NINETEEN STATE HEALTH OFFICIALS AND FOUR STATE LEGISLATIVE LIAISONS PARTICIPATED IN ASTHO'S 2013 HILL DAY. MORE THAN 90 CONGRESSIONAL OFFICES LEARNED ABOUT PUBLIC HEALTH, MADE CONNECTIONS WITH STATE HEALTH AGENCY LEADERSHIP, AND LEARNED ABOUT THE IMPORTANT PROGRAMS AND INITIATIVES CARRIED OUT EVERY DAY BY STATE HEALTH AGENCIES TO PROTECT THE PUBLIC'S HEALTH. ASTHO BOARD MEMBERS ALSO MET WITH KEY ADMINISTRATION OFFICIALS DURING THE WEEK, INCLUDING NICOLE LURIE, HHS ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE; THOMAS FRIEDEN, DIRECTOR OF CDC; PAMELA S. HYDE, ADMINISTRATOR OF THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION; WHITE HOUSE NATIONAL SECURITY OFFICE STAFF; AND WHITE HOUSE OFFICE OF MANAGEMENT AND BUDGET HEALTH STAFF.

ASTHO STAFF CONTINUE TO MEET WITH FEDERAL OFFICIALS TO DISCUSS IMPORTANT PRIORITY ISSUES, SUCH AS THE FY 14 PRESIDENT'S BUDGET REQUEST, ASTHO'S FY 14 FEDERAL ADVOCACY PRIORITIES, THE REALLOCATION OF

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THE PREVENTION AND PUBLIC HEALTH FUND, AND THE IMPACT OF SEQUESTRATION.

**REGULAR MEETINGS INCLUDE MONTHLY MEETINGS WITH THE CDC-WASHINGTON
POLICY OFFICE, MONTHLY POLICY MEETINGS WITH CDC OFFICE OF PUBLIC HEALTH
PREPAREDNESS AND RESPONSE, MONTHLY MEETINGS WITH THE CDC OSTLTS PUBLIC
HEALTH LAW PROGRAM, AND REGULAR MEETINGS WITH THE CDC CENTER FOR
CHRONIC DISEASE AND HEALTH PROMOTION.**

FY 2014 PRESIDENT'S BUDGET PROPOSAL SUMMARY

**ON APRIL 12, 2013, AN ASTHO GOVERNMENT RELATIONS REPORT BROKE DOWN THE
PRESIDENT'S OVERALL FY 14 REQUEST, INCLUDING AN OVERVIEW OF CDC'S
BUDGET (WHICH BORE THE BRUNT OF THE DISCRETIONARY CUTS WITH A NET
REDUCTION IN BUDGET AUTHORITY OF \$439 MILLION OR 8 PERCENT COMPARED TO
FY 12) AND A LINE-BY-LINE REPORT ON PUBLIC HEALTH PROGRAMS. ASTHO STAFF
WILL CONTINUE TO MEET WITH CONGRESSIONAL OFFICES ON WHAT THE FY 14
BUDGET PROPOSAL MEANS TO STATE PUBLIC HEALTH.**

**FY 2013 PREVENTION AND PUBLIC HEALTH FUND ANALYSIS AND LEGISLATIVE
ALERT**

**ON APRIL 17, 2013, ASTHO PROVIDED AN ANALYSIS OF THE HHS NOTIFICATION
TO CONGRESS OF THE SECRETARY'S ALLOCATION OF THE FY 2013 PREVENTION AND
PUBLIC HEALTH FUND, WHICH TOTALS \$949 MILLION AFTER A 5.1 PERCENT
REDUCTION DUE TO SEQUESTRATION. ALMOST HALF OF THE FUND - \$453.8
MILLION - WAS ALLOCATED TO THE CENTER FOR MEDICARE AND MEDICAID
SERVICES TO SUPPORT ENROLLMENT IN THE NEW AFFORDABLE CARE ACT HEALTH
EXCHANGES. THIS RESULTED IN AN \$82 MILLION REDUCTION TO THE 317
IMMUNIZATION PROGRAM, AN \$11.1 MILLION REDUCTION FOR ENVIRONMENTAL
PUBLIC HEALTH TRACKING, A \$3.2 MILLION REDUCTION TO THE NATIONAL PUBLIC
HEALTH IMPROVEMENT INITIATIVE, AND A \$15,000 REDUCTION TO EPIDEMIOLOGY**

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AND LABORATORY CAPACITY GRANTS. OTHER LARGE REDUCTIONS OCCURRED IN THE COMMUNITY TRANSFORMATION GRANTS PROGRAM (\$80 MILLION REDUCTION) AND THE RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) PROGRAM (\$40 MILLION REDUCTION).

FY 2013 CDC OPERATING PLAN SUMMARY INCLUDING SEQUESTRATION IMPACT GOVERNMENT RELATIONS STAFF COMPILED A REPORT CONSISTING OF CDC'S FY 13 OPERATING PLAN WHICH ALSO INCLUDED THE IMPACT OF SEQUESTRATION. THE REPORT OUTLINED THE FY 13 SPENDING LEVELS FOR THE REMAINDER OF THE FISCAL YEAR AND INFORMED SHOS THAT THE CUTS INCLUDE AN ACROSS-THE-BOARD 5.2 PERCENT REDUCTION TO PUBLIC HEALTH PROGRAMS AND ADMINISTRATIVE COSTS.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS ACT REAUTHORIZATION ASTHO GOVERNMENT RELATIONS STAFF SUCCESSFULLY NEGOTIATED WITH SENATE HEALTH, EDUCATION, LABOR, AND PENSION COMMITTEE STAFF, AS WELL AS HOUSE ENERGY AND COMMERCE STAFF, TO INCLUDE LANGUAGE IN THE PANDEMIC AND ALL-HAZARDS PREPAREDNESS REAUTHORIZATION ACT TO MAKE IT POSSIBLE TO TEMPORARILY REDEPLOY PUBLIC HEALTH WORKERS DURING MAJOR DISASTERS. THE PAHPA REAUTHORIZATION BILL WAS PASSED BY CONGRESS AND SIGNED INTO LAW ON MARCH 13, 2013.

EXPENSES \$ 640,286. INCLUDING GRANTS OF \$ 0. REVENUE \$ 100.

MEMBER SERVICES

EXPENSES \$ 482,395. INCLUDING GRANTS OF \$ 0. REVENUE \$ 100,197.

FORM 990, PART VI, SECTION A, LINE 6: ASTHO MEMBERS ARE THE CHIEF HEALTH OFFICIALS OF THE PUBLIC HEALTH AGENCY OF EACH OF THE UNITED STATES, THE

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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
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 FINANCIAL OFFICER
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

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

Employer identification number
35-1044487

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 JUNE 2013.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROJECT CONSULTANTS:

PROGRAM SERVICE EXPENSES 1,958,771.

MANAGEMENT AND GENERAL EXPENSES 363,510.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,322,281.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,322,281.