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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 private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (202) 371-9090
	2231 CRYSTAL DRIVE NO 450		
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		G Gross receipts \$ 24,297,629
F Name and address of principal officer SHARON MOFFAT 2231 CRYSTAL DRIVE NO 450 ARLINGTON, VA 22202			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: <input checked="" type="checkbox"/> WWW.ASTHO.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number <input checked="" type="checkbox"/>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input checked="" type="checkbox"/>			L Year of formation 1942
			M State of legal domicile DC

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities TRANSFORM PUBLIC HEALTH WITHIN STATES AND TERRITORIES THROUGH THE FORMULATION AND IMPLEMENTATION OF POLICY AND EXCELLENCE IN STATE AND TERRITORY-BASED PUBLIC HEALTH PRACTICE TO HELP MEMBERS DRAMATICALLY IMPROVE HEALTH AND WELLNESS
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 162,551
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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	<div>***** Signature of officer</div>	<div>2016-08-12 Date</div>			
	<div>DAVID O COTE ASSOCIATE EXECUTIVE DIRECTOR Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name KELLIANNE F BENSON	Preparer's signature KELLIANNE F BENSON	Date	Check <input type="checkbox"/> if self-employed	PTIN P01345659
	Firm's name <input checked="" type="checkbox"/> CHERRY BEKAERT LLP			Firm's EIN <input checked="" type="checkbox"/> 56-0574444	
	Firm's address <input checked="" type="checkbox"/> 4600 EAST WEST HIGHWAY STE 200 BETHESDA, MD 20814			Phone no (301) 951-3636	






















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

Part III Statement of Program Service Accomplishments					
Check if Schedule O contains a response or note to any line in this Part III <input type="checkbox"/> <input checked="" type="checkbox"/>					
1	Briefly describe the organization's mission				
TRANSFORM PUBLIC HEALTH WITHIN STATES AND TERRITORIES THROUGH THE FORMULATION AND IMPLEMENTATION OF POLICY AND EXCELLENCE IN STATE AND TERRITORY-BASED PUBLIC HEALTH PRACTICE TO HELP MEMBERS DRAMATICALLY IMPROVE HEALTH AND WELLNESS					
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 6,239,510	including grants of \$	1,906,169)	(Revenue \$)
<p>COMMUNITY HEALTH AND DISEASE PREVENTION - SEE SCHEDULE OCOMMUNITY HEALTH AND DISEASE PREVENTIONMEETING WITH THE SENATE HEALTH, EDUCATION, LABOR & PENSIONS (HELP) COMMITTEE ASTHO FEDERAL GOVERNMENT RELATIONS STAFF, ALONG WITH PAUL JARRIS AND SHARON MOFFAT, MET WITH MEMBERS OF THE HELP COMMITTEE TO DISCUSS ONGOING EFFORTS AROUND ASTHO'S 2015 PRESIDENT'S CHALLENGE, AS WELL AS ASTHO'S PRESCRIPTION DRUG ABUSE EFFORTS. THE COMMITTEE WAS INTERESTED IN HEARING MORE ABOUT THE HEALTHY AGING CHALLENGE, AS WELL AS WHAT STATES ARE DOING TO CURB THE PRESCRIPTION DRUG ABUSE EPIDEMIC. ASTHO WILL CONTINUE TO COMMUNICATE WITH THE HELP COMMITTEE AND WILL WORK WITH COMMITTEE MEMBERS SHOULD THEY BEGIN WRITING LEGISLATION ON EITHER OF THESE AREAS. CONGRESSIONAL BRIEFING ON HEALTHY AGING ON JUNE 16, JEWEL MULLEN (CT) HEADLINED AND MODERATED A CONGRESSIONAL BRIEFING ENTITLED, "LIVING LONGER BETTER: THE ROLES OF PUBLIC HEALTH AND PREVENTION IN HEALTHY AGING." THE BRIEFING COMPLEMENTED THE 2015 ASTHO PRESIDENT'S CHALLENGE, WHICH AIMS TO PROMOTE THE HEALTH OF OLDER ADULTS BY COLLABORATING ACROSS ALL SECTORS IN OUR STATES AND COMMUNITIES. WAYNE GILES, DIRECTOR, DIVISION OF POPULATION HEALTH, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, CENTERS FOR DISEASE CONTROL AND PREVENTION, JANA LYNOTT, SENIOR STRATEGIC POLICY ADVISOR, AARP, AND JAMES BULOT, DIRECTOR, GEORGIA DIVISION OF AGING SERVICES AND NASUAD BOARD PRESIDENT ALSO PRESENTED. TOBACCO-MEDICAID ADMINISTRATIVE MOUS ASTHO RELEASED A MEDICAID MATCH FOR STATE TOBACCO CESSATION QUILTINES FACT SHEET IN AUGUST HIGHLIGHTING THE CENTERS FOR MEDICARE AND MEDICAID SERVICES INITIATIVES TO REDUCE TOBACCO USE. THIS FACT SHEET DETAILS HOW STATES MAY CLAIM TOBACCO CESSATION QUILTINE EXPENDITURES AS A MEDICAID ADMINISTRATIVE COST AND RECEIVE A 50 PERCENT ADMINISTRATIVE MATCH RATE FOR SERVICES PROVIDED TO MEDICAID BENEFICIARIES, AS WELL AS CURRENT STATE STATUS, BARRIERS TO IMPLEMENTATION, AND RECOMMENDATIONS. PAPER ON PARTNERING WITH MEDICAID AND MEDICARE TO IMPROVE HEALTH OUTCOMES PUBLISHED ON JULY 13, THE DE BEAUMONT FOUNDATION AND DUKE UNIVERSITY SCHOOL OF MEDICINE PUBLISHED "THE PRACTICAL PLAYBOOK: PUBLIC HEALTH AND PRIMARY CARE TOGETHER." MONICA VALDES LUPI, CHIEF PROGRAM OFFICER FOR HEALTH SYSTEMS TRANSFORMATION, AND SHARON MOFFAT, CHIEF PROGRAM OFFICER FOR HEALTH PROMOTION AND DISEASE PREVENTION, CO-AUTHORED A CHAPTER ON PARTNERING WITH MEDICAID, MEDICARE, PUBLIC HEALTH AND PRIMARY CARE TO IMPROVE HEALTH OUTCOMES. THIS PUBLICATION IS A PRACTICAL MANUAL FOR INTEGRATING PUBLIC HEALTH AND PRIMARY CARE, IT INCLUDES CASE STUDIES, RECOMMENDATIONS, AND LINKS TO DATA FROM A DIVERSITY OF SETTINGS TO MAXIMIZE UTILITY AND RELEVANCE. THE CHAPTER PROVIDES CLEAR GUIDANCE FOR CLINICIANS ON HOW TO FIND AND WORK EFFECTIVELY WITH COMMUNITY PARTNERS AND GIVES ADVICE TO PUBLIC HEALTH PRACTITIONERS ON HOW TO FIND KEY CLINICAL LEADERS AND WORK EFFECTIVELY WITH CLINICAL GROUPS. TEMPLATE MOU FOR IMMUNIZATION INFORMATION SYSTEM (IIS) INTERSTATE DATA SHARING. IN AUGUST 2014, ASTHO BROUGHT TOGETHER A GROUP OF STATE STAKEHOLDERS FROM MN, MI, CO, ID, AND ND TO DISCUSS BARRIERS AND IDENTIFY POTENTIAL SOLUTIONS FOR MULTISTATE IIS INTERSTATE DATA SHARING. PARTICIPANTS IDENTIFIED SEVERAL NEXT STEPS, WHICH INCLUDED DEVELOPING A TEMPLATE MEMORANDUM OF UNDERSTANDING (MOU), ESTABLISHING A GOVERNANCE STRUCTURE TO SET FORTH POLICY STANDARDS, AND IDENTIFYING ADDITIONAL STATES THAT WOULD PARTICIPATE WITH IIS INTERSTATE DATA EXCHANGE. AS A RESULT OF THIS MEETING, ASTHO COLLABORATED WITH THE NETWORK FOR PUBLIC HEALTH LAW TO DEVELOP A TEMPLATE IIS INTERSTATE DATA SHARING MOU PRESIDENT'S HEALTHY AGING CHALLENGE. ASTHO, STATE HEALTH OFFICIALS, AND OUR PARTNERS CONTINUE TO SUPPORT ASTHO PRESIDENT JEWEL MULLEN'S (CT) 2015 ASTHO PRESIDENT'S CHALLENGE: HEALTHY AGING. LIVING LONGER BETTER. TO DATE, 39 STATES, TERRITORIES, AND FREELY ASSOCIATED STATES HAVE PLEDGED. ASTHO WORKED WITH FIVE STATE HEALTH AGENCIES - CT, GA, NM, OR, AND WY - THROUGH MAY 2015 TO IDENTIFY HEALTHY AGING GAPS AND NEEDS TO INFORM FUTURE ACTIONS AND DISSEMINATE BEST PRACTICES. ADDITIONALLY, IN JULY 2015, JEWEL MULLEN ATTENDED THE WHITE HOUSE CONFERENCE ON AGING AT THE WHITE HOUSE. THIS CONFERENCE HAS BEEN HELD EACH DECADE SINCE THE 1960S, ITS PURPOSE IS TO IDENTIFY AND ADVANCE ACTIONS TO IMPROVE THE QUALITY OF LIFE OF OLDER AMERICANS. THEN IN JULY 2015, ASTHO PARTNERED WITH THE HHS OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION (ODPHP) AND THE NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITIES (NASUAD) TO PLAN A STATE HEALTHY AGING WORKSHOP. THIS WORKSHOP IMMEDIATELY FOLLOWED THE 2015 HEALTHY AGING SUMMIT, WHICH WAS JUNE 27-28, AND PROVIDED AN OPPORTUNITY FOR STATE HEALTH OFFICIALS AND HHS STATE AGING OFFICIALS TO USE LESSONS FROM THE SUMMIT TO IDENTIFY PRIORITIES FOR PROMOTING HEALTHY AGING IN THEIR STATES. STATE HEALTH OFFICIALS FROM ALASKA, COLORADO, CONNECTICUT, GEORGIA, IDAHO, LOUISIANA, MISSOURI, NEW MEXICO, AND OREGON ATTENDED THE WORKSHOP. ASTHO CONTINUES TO FOCUS ON PREVENTION AND TREATMENT OF PRESCRIPTION DRUG ABUSE. ASTHO RELEASED PRESCRIPTION DRUG PROFILES FOR 48 STATES, TWO U.S. TERRITORIES (GUAM AND CNMI), AND ONE FREELY ASSOCIATED STATE (PALAU) TO PROVIDE AN UNDERSTANDING OF THE CURRENT ENVIRONMENT OF STATE ACTIVITIES TO ADDRESS PRESCRIPTION DRUG ABUSE. THE PROFILES ARE BASED ON DATA FROM A 2014 MEMBER SURVEY THAT ASKED ABOUT ACTIVITIES IN FIVE CORE AREAS: PREVENTION STRATEGIES, SURVEILLANCE AND MONITORING, ENFORCEMENT, TREATMENT AND RECOVERY, AND NEONATAL ABSTINENCE SYNDROME. A COLUMN WAS ADDED TO THE PROFILES SHOWING THE TOTAL SUM OF ALL STATES THAT PROVIDED A "YES" RESPONSE FOR EACH QUESTION. THIS COUNT PROVIDES AN ESTIMATE OF ACTIVITIES OCCURRING NATIONWIDE AND IS INTENDED TO ILLUSTRATE AREAS WHERE THE DATA SUGGEST THERE MAY BE UNIFORM TRENDS OF ACTION. ASTHO AND NASADAD WERE INVITED TO PARTNER WITH THE HHS ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE) ON A SEPTEMBER 2015 MEETING, "ADVANCING POLICY AND PRACTICE: A 50-STATE CONVENING TO PREVENT OPIOID OVERDOSE AND ADDICTION." THE FOCUS OF THE MEETING WAS ON SAFE AND APPROPRIATE PRESCRIBING, NALOXONE, AND MEDICATION ASSISTED TREATMENT (MAT). ASTHO IS CONTINUING TO MONITOR ISSUES CONCERNING NEONATAL ABSTINENCE SYNDROME (NAS) AND OPIOID USE DURING PREGNANCY. ASTHO DEVELOPED HOW STATE HEALTH DEPARTMENTS CAN USE THE SPECTRUM OF PREVENTION TO ADDRESS NAS, A REPORT WITH CASE EXAMPLES AND A SUGGESTED FRAMEWORK FOR STATES TO CONSIDER WHEN PLANNING FOR EFFORTS AIMED AT ADDRESSING NAS. PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT. IN ITS FIRST YEAR OF WORK IN COLLABORATION WITH CDC-OSTLTs ON THE PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT, ASTHO ENSURED THE COMPLETION OF AN EVALUABILITY ASSESSMENT BY ITS CONTRACTOR ICF. THEN IN APRIL 2015, ASTHO AND CDC HOSTED A MEETING TO DISCUSS THE ASSESSMENT RESULTS AND DETERMINE METHODS TO SUCCESSFULLY DEMONSTRATE THE GRANT'S VALUE AND IMPACT. PARTICIPANTS - INCLUDING STATE HEALTH OFFICIALS AND AFFILIATE ORGANIZATIONS - PROVIDED FEEDBACK ON CDC'S PROPOSED EVALUATION APPROACHES. STATE HEALTH OFFICIALS IN ATTENDANCE INCLUDED TERRY CLINE (OK), BRENDA FITZGERALD (GA), JT LANE (LA) AND DAVID PATTON (UT). PROGRAM FLEXIBILITY WAS HIGHLIGHTED IN PARTICIPANT FEEDBACK. EXTENDING LESSONS LEARNED FROM THE EVALUABILITY ASSESSMENT AND THE MEETING, ASTHO WILL CONTINUE TO PARTNER WITH CDC AND ICF TO INFORM AN ADDITIONAL EVALUATION STUDY, NEEDED TO ADVANCE THE EVALUATION PLAN AND MEASURES FOR DEMONSTRATING THE IMPACT OF THE GRANT. ASTHO ENGAGES IN ADVERSE CHILDHOOD EXPERIENCES AND CHILD SAFETY WORK. ASTHO DELIVERED THE ESSENTIALS FOR CHILDHOOD WEBINAR SERIES AND DRAFTED A POLICY GUIDE THAT PROVIDES AN OVERVIEW OF POLICY APPROACHES THAT HAVE BEEN ASSOCIATED WITH REDUCTIONS IN CHILD MALTREATMENT. IN ADDITION, HRSA'S MATERNAL AND CHILD HEALTH BUREAU (MCHB), IN COOPERATION WITH THE CHILDREN'S SAFETY NETWORK PROGRAM, IS LAUNCHING A CHILD SAFETY COLLABORATIVE INNOVATION AND IMPROVEMENT NETWORK (COINN) AND A NATIONAL COORDINATED CHILD SAFETY INITIATIVE WITH THE GOAL OF REDUCING FATALITIES AND HOSPITALIZATIONS FROM PREVENTABLE INJURIES AMONG INFANTS, CHILDREN, AND ADOLESCENTS BY OVER 100,000 OVER THE NEXT THREE YEARS. APPROXIMATELY 15 STATES, TERRITORIES, AND TRIBAL COMMUNITIES WILL BE SELECTED FOR THE CHILD SAFETY COINN, TO TEST AND SCALE-UP EVIDENCE-BASED CHILD SAFETY STRATEGIES. ASTHO'S DIRECTOR OF INJURY PREVENTION WILL SERVE ON THE NATIONAL STEERING COMMITTEE TO THE CHILD SAFETY INITIATIVE, WHICH WILL PROVIDE GUIDANCE TO THE COINN AND WILL COMMUNICATE ACCOMPLISHMENTS OF THE INITIATIVE TO A BROAD NATIONAL AUDIENCE TO INCLUDE PUBLIC HEALTH PROFESSIONALS, POLICYMAKERS, FUNDERS, AND FAMILIES.</p>					
4b	(Code)	(Expenses \$ 5,171,616	including grants of \$	496,823)	(Revenue \$ 45,975)
<p>HEALTH SECURITY - SEE SCHEDULE OHEALTH SECURITYSTATE ENVIRONMENTAL HEALTH DIRECTORS (SEHDs). IN 2015, THE SEHD STEERING COMMITTEE IDENTIFIED PRIORITY AREAS THAT ALIGN WITH THE NCEH/ATSDR'S 2014-2016 STRATEGIC PLAN, TO GUIDE THE FIVE ACTIVE SEHD WORKGROUPS: 1) THE AFFORDABLE CARE ACT/INDOOR ENVIRONMENTAL QUALITY, 2) SAFE WATER, 3) FOOD SAFETY, 4) DATA/SURVEILLANCE/INFORMATION TECHNOLOGY, AND 5) TOXICS AND EMERGING ISSUES. IN ADDITION, THREE SEHD MEMBERS MADE IMPORTANT CONTRIBUTIONS TO ASTHO'S ENVIRONMENTAL HEALTH POLICY COMMITTEE, PROVIDING INPUT ON SEVERAL POSITION STATEMENTS AND REPRESENTED THE COMMITTEE ON THE JOINT COMMITTEE ON ONE HEALTH AND EMERGING INFECTIOUS DISEASES. THE SEHD ANNUAL MEETING HELD IN APRIL WAS VERY SUCCESSFUL. PATRICK BREYSEE, DIRECTOR OF NCEH/ASTSDR, ATTENDED ALL THREE DAYS OF THE MEETING. EPA ADMINISTRATOR GINA MCCARTHY DISCUSSED WAYS FOR STATES, CDC, AND EPA TO COLLABORATE ON IMPORTANT ENVIRONMENTAL HEALTH ISSUES ON TOPICS SUCH AS FRACKING, ENVIRONMENTAL PUBLIC HEALTH TRACKING, AND ENVIRONMENTAL JUSTICE. IN ADDITION, ASTHO FIELDS REQUESTS FOR TECHNICAL ASSISTANCE FROM THE PEER NETWORK. RECENT REQUESTS INCLUDE INFORMATION ON FOOD SAFETY PROTOCOLS IN CHILD CARE SETTINGS AND FOR BEST PRACTICES RELATED TO IT SYSTEMS FOR MANAGING FOOD INSPECTION DATA. DIRECTORS OF PUBLIC HEALTH PREPAREDNESS (DPHPS). THE DIRECTORS OF PUBLIC HEALTH PREPAREDNESS (DPHP) CONTINUE TO PLAY AN INCREASINGLY LARGE ROLE AS A CONSULTATIVE BODY TO THE ASTHO PREPAREDNESS POLICY COMMITTEE, FEDERAL GOVERNMENT AND OTHER PARTNERS. THE DPHPS MADE SIGNIFICANT CONTRIBUTIONS TO THE PHEP AND HPP IMPACTS PROJECT AND THE EBOLA OUTBREAK RESPONSE AND IN-PROGRESS REVIEW CONDUCTED IN EARLY AUGUST. MEMBERS OF THE DPHP PEER GROUP ARE ALSO BECOMING MORE ENGAGED IN CROSS-CUTTING ISSUES WITH ASTHO'S ENVIRONMENTAL HEALTH AND INFECTIOUS DISEASE PROGRAM TEAMS AND POLICY COMMITTEES ADDRESSING SUCH TOPICS AS ONE HEALTH AND CLIMATE CHANGE. THEY ALSO SERVE ON COMMITTEES WITH NATIONAL PARTNERS SUCH AS THE NGA AND NEMA. ASTHO RECENTLY COMPLETED A NEW JOB AID, RESOURCES FOR DIRECTORS OF PUBLIC HEALTH PREPAREDNESS. THIS DOCUMENT IS A USEFUL REFERENCE PRINCIPALLY FOR DPHPS ON AN ARRAY OF IMPORTANT PREPAREDNESS-RELATED TOPICS. THE GUIDE HIGHLIGHTS NATIONAL PREPAREDNESS EFFORTS, ASTHO RESOURCES AND ACTIVITIES, AND SEVERAL METHODS OF INFORMATION SHARING. IN THIS CRITICAL AREA, EBOLA RESPONSE. FOLLOWING THE AUGUST 2014 WORLD HEALTH ORGANIZATION DECLARATION THAT THE WEST AFRICA EBOLA OUTBREAK REPRESENTED A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN, ASTHO IMMEDIATELY MOBILIZED, AND CONTINUES TO REMAIN SO, TO MAINTAIN AND PROVIDE SITUATIONAL AWARENESS TO ITS MEMBERS, AFFILIATES, AND PARTNERS, ASSIST IN THE DEVELOPMENT OF NATIONAL RESPONSE POLICY, STRATEGIES, AND TACTICS, AND PROVIDE A FORUM FOR MEMBER-TO-MEMBER COMMUNICATIONS AND COORDINATION. THROUGHOUT THE YEAR, ASTHO STAFF, WITH GUIDANCE FROM THE PREPAREDNESS AND INFECTIOUS DISEASE POLICY COMMITTEES, WORKED DILIGENTLY TO HELP MOUNT THE MOST EFFECTIVE DOMESTIC RESPONSE TO THIS CHALLENGING AND UNPRECEDENTED PUBLIC HEALTH THREAT. EXAMPLES OF OUR ACTIVITIES AND ACCOMPLISHMENTS INCLUDE: IMMEDIATE ACTIVATION OF THE ASTHO INTERNAL INCIDENT RESPONSE PLAN AND OUR EMERGENCY OPERATIONS CENTER UNDER THE DIRECTION OF OUR HEALTH SECURITY TEAM. ESTABLISHED AND MAINTAINED FORMAL LIAISON (LNO) WITH CDC'S EMERGENCY OPERATIONS CENTER INCLUDING EMBEDDING ASTHO STAFF IN THE CDC EOC STATE AND LOCAL TASK FORCE TEAM AND PARTICIPATION ON DAILY CDC SITUATION BRIEFINGS. ESTABLISHED A DEDICATED HOME PAGE ON OUR ASTHO WEBSITE FOR THE POSTING AND SHARING OF RELEVANT MATERIALS FROM VARIOUS STATES (E.G., POLICIES, PROCEDURES, PRESS RELEASES, ETC.). PREPARED AND DISTRIBUTED TO MEMBERS AND PARTNERS APPROXIMATELY 40 INFORMATION ALERTS OR UPDATES THAT PROVIDED REAL-TIME SUMMARY INFORMATION TARGETED TO STATE AND TERRITORIAL HEALTH OFFICIALS, THROUGH INFOCENTER@ASTHO.ORG, PROCESSED, TRACKED, AND CLOSED-OUT APPROXIMATELY 50 TECHNICAL ASSISTANCE REQUESTS FROM MEMBERS LAUNCHED FIVE "RAPID QUERIES" OF OUR MEMBERS TO GATHER REAL-TIME NATIONAL SNAPSHOTS OF EBOLA RESPONSE ACTIVITIES. THE DATA OBTAINED WAS USED TO PROVIDE ACCURATE INFORMATION AND TECHNICAL ASSISTANCE TO ASTHO'S MEMBERS AND PARTNERS (FEDERAL AND NONFEDERAL). OVER THE COURSE OF THESE QUERIES, ASTHO ASKED A TOTAL OF 57 QUESTIONS PERTAINING TO 16 PRIORITY TOPIC AREAS, INCLUDING STATUS OF ISC AND EOC ACTIVATION, HEALTHCARE READINESS, PPE AVAILABILITY STATUS, AND THE CONDUCT OF EXERCISES AND DRILLS. HOSTED OR CO-SPONSORED MULTIPLE NATIONAL CALLS WITH STATE HEALTH OFFICIALS, SENIOR DEPUTIES, AND PREPAREDNESS DIRECTORS AND OUR FEDERAL PARTNERS (CDC AND ASPR) TO DISCUSS TIMELY EMERGING ISSUES REGARDING THE STATUS OF THE OUTBREAK IN WEST AFRICA AND ITS IMPLICATIONS ON U.S. DOMESTIC RESPONSE ACTIVITIES. THIS INCLUDED A FEATURED DISCUSSION AT THE ASTHO WINTER MEETING IN DECEMBER WITH ASSISTANCE FROM NATIONALLY RECOGNIZED RISK COMMUNICATIONS EXPERTS, DEVELOPED A COMPREHENSIVE SERIES OF "TOP QUESTIONS ON EBOLA" FOR USE TO HELP INFORM THE GENERAL PUBLIC, MEDIA, AND POLICYMAKERS PROVIDED PRECISION INPUT ON KEY DRAFT CDC PROCEDURES AND PROTOCOL DOCUMENTS, SUCH AS AIRPORT SCREENING AND TRAVELER MONITORING AND TRACKING, EMERGENCY MEDICAL SERVICES INTERSTATE AND INTRASTATE TRANSPORT, AND EBOLA RESPONSE CONCEPT OF OPERATIONS MET SEVERAL TIMES WITH THE NATIONAL SECURITY COUNCIL STAFF TO BRIEF THEM ON ONGOING STATE AND TERRITORIAL RESPONSE ISSUES AND ATTENDED A WHITE HOUSE-SPONSORED MEETING ON EBOLA MEDICAL WASTE. SAFE HANDLING AND DISPOSAL MET WITH STAFF OF THE SENATE HEALTH, EDUCATION, LABOR AND PENSIONS COMMITTEE TO DISCUSS AND INFORM THEM OF ONGOING RESPONSE ACTIVITIES AND RESOURCE NEEDS THAT EVENTUALLY LED TO A CONGRESSIONAL EMERGENCY SUPPLEMENTAL APPROPRIATION ALONG WITH ASPR, CDC, THE AMERICAN HOSPITAL ASSOCIATION, AND THE AMERICAN ASSOCIATION OF MEDICAL COLLEGES, PAUL JARRIS CO-FACILITATED A NATIONAL PARTNERS MEETING ON HEALTHCARE PREPAREDNESS PLANNING FOR EBOLA THAT EVENTUALLY HELPED, IN PART, SHAPE THE ASPR FUNDING OPPORTUNITY ANNOUNCEMENT FOR THE CREATION AND IMPLEMENTATION OF THE THREE-TIERED HEALTHCARE STRATEGY AND ESTABLISHMENT OF THE NETWORK OF REGIONAL TREATMENT FACILITIES IN PARTNERSHIP WITH CSTE, JOINTLY DEVELOPED A LETTER TO THE WHITE HOUSE NATIONAL SECURITY COUNCIL RECOMMENDING CHANGES TO THE TRAVELER MONITORING PROGRAM. ONCE LIBERIA REACHED THE CRITICAL MILESTONE OF BEING DESIGNATED AS FREE OF EBOLA BY THE WHO, PARTICIPATED IN A NUMBER OF NATIONAL MEETINGS AND WEBINARS TO DISCUSS ASTHO MEMBERS' EXPERIENCES AND LESSONS LEARNED INCLUDING PRESENTATIONS TO THE GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE AND THE UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER'S CENTER FOR HEALTH SECURITY. EMERGING LEADERS INITIATIVE ACTIVELY PARTICIPATED IN THE NATIONAL HOMELAND SECURITY CONSORTIUM'S REVIEW THAT RESULTED IN THE DEVELOPMENT OF AN ISSUE PAPER ENTITLED "THE RESPONSE TO EBOLA IN THE UNITED STATES: LESSONS LEARNED FROM A MULTI-DISCIPLINE PERSPECTIVE." UNDER OUR COOPERATIVE AGREEMENT WITH CDC, PLANNED AND CONDUCTED AN EBOLA "IN-PROGRESS REVIEW" ON AUGUST 4-5 WHICH EXAMINED FOUR SPECIFIC TRACKS: 1) ADMINISTRATIVE PREPAREDNESS (FINANCIAL AND LEGAL), 2) PUBLIC HEALTH PREPAREDNESS SYSTEMS, 3) EPIDEMIOLOGY, INFECTION CONTROL, AND LABORATORY SYSTEMS, AND 4) COMMUNICATIONS, IN ORDER TO IDENTIFY LESSONS LEARNED, DEVELOP RECOMMENDATIONS FOR IMPROVEMENT, AND DESCRIBE CROSS-OVER APPLICATIONS FOR FUTURE INFECTIOUS DISEASE THREATS. THE REPORT OF FINDINGS AND RECOMMENDATIONS IS SCHEDULED FOR COMPLETION BY LATE FALL OR EARLY WINTER. BRENDA FITZGERALD (GA) AND KAREN MCKEOWN (WI) PARTICIPATED IN THE MEETING.</p>					
4c	(Code)	(Expenses \$ 5,602,621	including grants of \$	823,153)	(Revenue \$)
<p>HEALTH SYSTEMS TRANSFORMATION - SEE SCHEDULE OHEALTH SYSTEMS TRANSFORMATIONASTHO PROVIDES SUPPORT TO CONNECTICUT DEPARTMENT OF HEALTH TO DEVELOP HEALTH EQUITY STRATEGIC PLAN. ASTHO AND PARTNERS WORKED WITH THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH TO COMPLETE A HEALTH EQUITY STRATEGIC PLAN AND COMMUNICATIONS STRATEGY. THIS PLAN IS A COMPREHENSIVE LOOK AT PREVIOUS HEALTH EQUITY ACTIVITIES IN THE STATE AND A STRATEGIC MAP PROVIDING DIRECTION ON HOW TO MOVE FORWARD WITH NEW HEALTH EQUITY ACTIVITIES. PUBLIC HEALTH COMMUNITY PLATFORM UPDATE. ASTHO CONTINUES TO DEVELOP THE PUBLIC HEALTH COMMUNITY PLATFORM (PHCP), WHICH WILL PROVIDE A SHARED SPACE THAT STRENGTHENS COLLABORATION AMONG PUBLIC HEALTH JURISDICTIONS AND PARTNERS. CURRENTLY, THE PHCP IS FOCUSED ON DEVELOPING THE SHARED INFRASTRUCTURE NECESSARY TO SUPPORT ELECTRONIC CASE REPORTING (ECR) FROM ELECTRONIC HEALTH RECORDS TO PUBLIC HEALTH SURVEILLANCE SYSTEMS. BY DEVELOPING SHARED INFRASTRUCTURE, THE PHCP PROJECT WILL LIMIT THE NEED FOR EVERY STATE TO DEVELOP THE NEEDED COMPONENTS TO SUPPORT ECR. THIS INCLUDES THE INTEGRATION OF DECISION SUPPORT TOOLS, CASE ROUTING TO THE APPROPRIATE PUBLIC HEALTH AGENCY, AND THE ABILITY FOR SUPPLEMENTAL DATA TO BE ELECTRONICALLY REQUESTED BY THE PUBLIC HEALTH AGENCY AND ENTERED BY THE CLINICAL REPORTER. SUPPORTING ECR WILL LEAD TO MORE TIMELY AND ACCURATE DATA WHILE SIMULTANEOUSLY REDUCING THE BURDEN OF HEALTHCARE REPORTERS AND PUBLIC HEALTH INVESTIGATORS. ADDITIONALLY, THE PHCP HAS INSTITUTED A GOVERNANCE STRUCTURE THAT IS CO-CHAIRLED BY ASTHO AND NACCHO MEMBERS WITH AN ELECTED EXECUTIVE COMMITTEE OF PUBLIC HEALTH LEADERS. WORK WILL PROGRESS TO IDENTIFY OTHER USE CASES FOR DEVELOPMENT AS WELL AS A BUSINESS MODEL THAT ENSURES SUSTAINABILITY. PUBLIC HEALTH PRIMARY CARE COLLABORATIVE. THE ASTHO-SUPPORTED PRIMARY CARE AND PUBLIC HEALTH (PCPH) COLLABORATIVE HAS BEEN WORKING WITH A CONTRACTOR TO DEVELOP A COMMUNICATIONS STRATEGY FOR THE PCPH COLLABORATIVE. PART OF THE STRATEGY INCLUDED THE DEVELOPMENT OF A NEW LOGO TO REBRAND THE PCPH COLLABORATIVE AS THE "INTEGRATION FORUM: CONNECTING PRIMARY CARE AND PUBLIC HEALTH." STAFF HAVE ALSO DEVELOPED A NEW NEWSLETTER TEMPLATE WITH MORE OPTIONS FOR SHARING INFORMATION VIA SOCIAL MEDIA AND FEATURE STORIES ON PUBLIC HEALTH AND HEALTHCARE INTEGRATION SUCCESSSES AND PARTNERS. THE COLLABORATIVE HAS ENGAGED MORE THAN 75 ORGANIZATIONS ACROSS THE NONPROFIT, FEDERAL AND STATE GOVERNMENT, AND ACADEMIC HEALTH ENTERPRISE MEDICAID AND PUBLIC HEALTH PARTNERSHIPS. ASTHO CONVENED FOUR MEDICAID AND PUBLIC HEALTH TECHNICAL ASSISTANCE CALLS. THE SERIES FOCUSED ON SOME OF THE KEY AREAS THAT STATES IDENTIFIED DURING ASTHO'S PAYMENT AND DELIVERY REFORM TECHNICAL ASSISTANCE SURVEY AS NEEDING ADDITIONAL TRAINING AND TECHNICAL ASSISTANCE ON PAYMENT AND DELIVERY REFORM ACTIVITIES. ASTHO, WITH SUPPORT FROM HRSA, IS HOSTING THREE WEBINARS IN AUGUST AND SEPTEMBER 2015 THAT FEATURE EXAMPLES OF HOW MEDICAID AND PUBLIC HEALTH AGENCIES ARE WORKING TOGETHER ON A PARTICULAR HEALTH ISSUE. THE WEBINARS ARE: LONG ACTING REVERSIBLE CONTRACEPTION: PARTNERING TO INCREASE ACCESS AND COVERAGE FOR TEENS AND POST-PARTUM WOMEN, LEVERAGING MANAGED CARE TO SUPPORT COMMUNITY HEALTH WORKERS AND PROMOTE POPULATION HEALTH, AND MAXIMIZING PARTNERSHIPS TO EXPAND CARE COORDINATION. VERMONT'S HUB AND SPOKE MODEL. IN ADDITION AS PART OF ASTHO'S MEDICAID - PUBLIC HEALTH PARTNERSHIP PROJECT, ASTHO CREATED A SINGLE ONLINE INTERFACE FOR THE PUBLIC HEALTH WORKFORCE TO ACCESS LEARNING TOOLS AND RESOURCES TO ADVANCE THEIR KNOWLEDGE OF MEDICAID AND PUBLIC HEALTH OPPORTUNITIES TO PARTNER TO IMPROVE HEALTH OUTCOMES. ASTHO ENGAGES PRIMARY CARE OFFICE DIRECTORS. IN JUNE, ASTHO STAFF ATTENDED HRSA'S REVERSE SITE VISIT HELD FOR PRIMARY CARE OFFICE DIRECTORS IN ROCKVILLE, MD. THIS MEETING, HELD ANNUALLY, IS A CHANCE FOR PRIMARY CARE OFFICE DIRECTORS TO GATHER TO GET IMPORTANT UPDATES FROM HRSA, MEET WITH THEIR HRSA PROJECT OFFICERS, AND SHARE QUESTIONS, CHALLENGES, AND BEST PRACTICES. THE MEETING PROVIDED ASTHO STAFF WITH A CHANCE TO MEET PCO DIRECTORS IN PERSON, LEARN MORE ABOUT THE CHALLENGES THEY ARE FACING, AND IDENTIFY WAYS THAT ASTHO CAN PROVIDE TECHNICAL ASSISTANCE AND LEARNING OPPORTUNITIES TO PRIMARY CARE OFFICES. IN PARTICULAR, THE MEETING FOCUSED ON CHALLENGES PCOS ARE FACING IMPLEMENTING THE NEW SHORTAGE DESIGNATION MANAGEMENT SYSTEM. ASTHO WILL CONTINUE WORKING WITH HRSA TO SUPPORT PCOS DURING THIS TRANSITION. WORKING WITH NATIONAL GOVERNOR'S ASSOCIATION EXPERT ROUNDTABLE ON POPULATION HEALTH. ASTHO HEALTH SYSTEM TRANSFORMATION TEAM MEMBERS PARTICIPATED IN THE NGA EXPERT ROUNDTABLE ON ADVANCING SUSTAINABLE IMPROVEMENTS IN POPULATION HEALTH IN JULY, WHICH INCLUDED KAREN MURPHY (PA), JOHN DREYZEHNER (TN), JULIE COX-KAIN (SENIOR DEPUTY - OK), TRACY DOLAN (SENIOR DEPUTY - VT), AND SUE GRINNELL (HEALTH INNOVATION AND TRANSFORMATION - WA). ADDITIONAL PARTICIPANTS INCLUDED COMMERCIAL INSURERS SUCH AS MOLINA HEALTHCARE, FEDERAL AGENCIES SUCH AS CMS, CDC AND THE FEDERAL RESERVE BANK OF SAN FRANCISCO, AND LOCAL HEALTH DEPARTMENTS LIKE HENNEPIN HEALTH FROM MN. THE GROUP MET TO ADDRESS THE FOLLOWING FOUR FOCUS AREAS: 1) DEFINING AND OPERATIONALIZING POPULATION HEALTH, 2) PAYMENT AND SUSTAINING FUNDING FOR POPULATION HEALTH. OPTIONS AVAILABLE TO STATES, 3) EXAMPLES OF HEALTH SYSTEM-LED POPULATION HEALTH INTEGRATION, AND 4) BUILDING A ROADMAP FOR INTEGRATING POPULATION HEALTH INTO STATE-WIDE SYSTEM TRANSFORMATION. THE DISCUSSANTS PROVIDED FEEDBACK ON NGA'S FORTHCOMING ROADMAP TOOL THAT STATES MAY USE TO INTEGRATE POPULATION HEALTH INTO THEIR EXISTING HEALTH TRANSFORMATION AND PLANNING EFFORTS. PUBLICATIONS:BOULTON ML, BECK AJ, CORONADO F, MERRILL JA, FRIEDMAN CP, STAMAS GD, TYUS N, SELLERS K, MOORE J, TILSON HH, LEEP CJ. "PUBLIC HEALTH WORKFORCE TAXONOMY." AMERICAN JOURNAL OF PREVENTIVE MEDICINE. 2014. 47(S3)314-23. LEIDER JL, SHAH GH, CASTRUCCI BC, LEEP CL, SELLERS K, SPRAGUE JB. "CHANGES IN PUBLIC HEALTH WORKFORCE COMPOSITION: PROPORTION OF PART-TIME WORKFORCE AND ITS CORRELATES, 2008-2013." AMERICAN JOURNAL OF PREVENTIVE MEDICINE. 2014. 47(S3)331-36. KAUFMAN NJ, CASTRUCCI BC, PEARSON J, LEIDER JP, SELLERS K, KAUFMAN JR, FEHRENBACH LM, LISS-LEVINSON R, LEWIS M, JARRIS PE, SPRAGUE JB. "THINKING BEYOND THE SILOS: REFORMING PRIORITIES IN WORKFORCE DEVELOPMENT FOR STATE AND LOCAL COMMUNITY PUBLIC HEALTH AGENCIES." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. 20(6):557-65. JARRIS PE, SOPER P, GORDON GS, HUANG M, RENNICK M. "SHARED TECHNOLOGY INFRASTRUCTURE FOR THE PUBLIC HEALTH ENTERPRISE: THE TIME IS NOW." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2015. 21(3):308-9. MOFFAT S, LUPI MV, NOLAN K. PARTNERING WITH MEDICAID, MEDICARE, PUBLIC HEALTH, AND PRIMARY CARE TO IMPROVE HEALTH OUTCOMES. PRACTICAL PLAYBOOK. NEW YORK, NY: OXFORD UNIVERSITY PRESS; 2015. 195-205. JARRIS PE. TRANSITIONING FROM "PUBLIC HEALTH HAS THE DATA" TO "PUBLIC HEALTH HAS THE ANSWERS." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2015. 21(5):514-515.</p>					
See Additional Data					
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ 7,620,225	including grants of \$	1,826,932)	(Revenue \$ 88,324)	
4e	Total program service expenses ▶ 24,633,972				

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line 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?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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?		No
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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
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.		
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.		
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?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line 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	14	
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			
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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	No
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," 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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records CLARA WOODALL

2231 CRYSTAL DRIVE NO 450
ARLINGTON,VA 22202 (202) 371-9090

Part VII

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

Check if Schedule O contains a response or note to any line 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, or 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 dotted 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			

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 dotted 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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,117,471	0	363,436

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 ▶20

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AMAZON WEB SERVICES INC PO BOX 84023 SEATTLE, WA 98124	WEB SERVICES	381,874
AMERICAN TECHNOLOGY SERVICES PROSPERITY AVENUE 6TH FLOOR FAIRFAX, VA 22031	SYSTEMS SUPPORT	222,300
CORNERSTONE GOVERNMENT AFFAIRS 300 INDEPENDENCE AVENUE SE WASHINGTON, DC 20003	LOBBYING CONSULTANT	180,376
FS TAYLOR & ASSOCIATES PC 1420 N STREET NW SUITE 100 WASHINGTON, DC 20005	FINANCIAL CONSULTANT	168,223
CHARLES ISHIKAWA & ASSOCIATES LLC 40 CONISTON ROAD ROSLINDALE, MA 02131	MEETING FACILITATION SERVICES	161,790

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 ▶9

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	1,467,841			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	19,456,019			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,175,952			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		24,099,812			
Program Service Revenue	2a	MEETING REGISTRATIONS	Business Code 900099	134,299	134,299		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		134,299			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	5,323			5,323
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		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)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a		MISCELLANEOUS	900099	58,195			58,195
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		58,195				
12	Total revenue. See Instructions		24,297,629	134,299	0	63,518	

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 or note to any line in this Part IX

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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 domestic organizations and domestic governments. See Part IV, line 21.	5,053,077	5,053,077		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,717,000	1,107,286	609,714	
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.	7,145,786	5,244,151	1,825,648	75,987
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	812,967	591,654	214,149	7,164
9	Other employee benefits.	927,852	675,468	244,412	7,972
10	Payroll taxes.	636,456	462,990	167,653	5,813
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	41,454		41,454	
c	Accounting.	58,056		58,056	
d	Lobbying.	180,376	180,376		
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 Schedule O).	3,353,771	2,698,052	649,101	6,618
12	Advertising and promotion.				
13	Office expenses.	565,810	226,954	338,062	794
14	Information technology.	502,368	293,341	209,027	
15	Royalties.				
16	Occupancy.	789,595		789,595	
17	Travel.	1,831,365	1,710,400	118,055	2,910
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	755,876	584,952	162,340	8,584
20	Interest.	9,284		9,284	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	122,002		122,002	
23	Insurance.				
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	OTHER	276,499	213,326	63,173	
b	DUES AND SUBSCRIPTIONS	95,592	75,354	17,238	3,000
c	ALLOCATION OF G&A	0	5,516,591	-5,560,300	43,709
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	24,875,186	24,633,972	78,663	162,551
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			300	1	300
	2	Savings and temporary cash investments			2,120,825	2	3,042,513
	3	Pledges and grants receivable, net			6,466,855	3	3,547,197
	4	Accounts receivable, net			234,856	4	415,555
	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 instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,387	9	174,092
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,434,005			
	b	Less accumulated depreciation	10b	1,591,603	194,125	10c	842,402
	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			128,349	15	181,052
16	Total assets. Add lines 1 through 15 (must equal line 34)			9,150,697	16	8,203,111	
Liabilities	17	Accounts payable and accrued expenses			3,785,052	17	3,229,141
	18	Grants payable				18	
	19	Deferred revenue			1,131,500	19	1,739,820
	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	590,149
	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			1,519,244	25	506,657
	26	Total liabilities. Add lines 17 through 25			6,435,796	26	6,065,767
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			2,714,901	27	2,137,344
	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			2,714,901	33	2,137,344
34	Total liabilities and net assets/fund balances			9,150,697	34	8,203,111	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,297,629
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,875,186
3	Revenue less expenses Subtract line 2 from line 1	3	-577,557
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,714,901
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	2,137,344

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		No
2b	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	Yes	
2c	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	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 35-1044487
Name: ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 2,037,563	including grants of \$ 410,624)	(Revenue \$)
CROSS-CUTTING PROGRAMSHEALTH IN ALL POLICIES (HIAP) AND HEALTH IMPACT ASSESSMENT (HIA) UPDATES ASTHO DEVELOPED A LIBRARY OF RESOURCES TO EMPOWER STATES AND TERRITORIES TO ADOPT HIAP STRATEGIES IN THEIR WORK MAJOR ACCOMPLISHMENTS IN 2015 INCLUDE COMPLETION OF POLICY GUIDES AND THE HIAP LOGIC MODEL, PROGRESS ON THE HIAP FRAMEWORK, AND LEGISLATIVE TRACKING ASTHO HAS ALSO DEVELOPED ADDITIONAL HIAP RESOURCES THROUGH OTHER GRANT WORK AND CONTINUED TECHNICAL ASSISTANCE TO PEER GROUPS AND POLICY COMMITTEES THROUGH LEGISLATIVE TRACKING ACTIVITIES ASTHO'S COLLABORATIVE APPROACH INVITES PARTICIPATION BY TEAMS INCLUDING ENVIRONMENTAL HEALTH, PREVENTION, INJURY, RESEARCH AND EVALUATION, AND STATE HEALTH POLICY POLICY GUIDES THE HIAP POLICY GUIDES SUPPORT STATE HEALTH LEADERSHIP EFFORTS TO WORK ACROSS SECTORS BY HIGHLIGHTING SUCCESSFUL HIAP PROGRAMS AND PROVIDING INFORMATION ON PROMISING HIAP STRATEGIES THE 2015 HOUSING POLICY GUIDES COMPLIMENT EARLIER GUIDES RELATED TO TRANSPORTATION AND FOOD, AND GUIDES FOR WATER CURRENTLY BEING DEVELOPED SEPARATE HOUSING GUIDES COVERED THEMES OF ACCESS TO PUBLIC TRANSPORTATION, AGING IN PLACE, CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN, MENTAL HEALTH AND SOCIAL COHESION, AND HEALTHY HOUSING FINANCING OPPORTUNITIES HIAP FRAMEWORK ASTHO IS IN THE FINAL STAGES OF COMPLETING THE HIAP FRAMEWORK, A RESOURCE FOR PUBLIC HEALTH OFFICIALS LOOKING TO IMPLEMENT A HIAP APPROACH IT INCLUDES KEY ELEMENTS OF HIAP PRACTICE, THE COMPLETED LOGIC MODEL, AND OTHER TOOLS TO PROMOTE HIAP IMPLEMENTATION THE FRAMEWORK COMPLEMENTS ASTHO'S HIAP POSITION STATEMENT LEGISLATIVE TRACKING ASTHO'S TRACKING OF HIAP-RELATED STATE LEGISLATION PROVIDES FOUNDATIONAL SUPPORT TO KEY PARTNERS (STATE ENVIRONMENTAL HEALTH DIRECTORS, HIAP WORKGROUP, ENVIRONMENTAL HEALTH POLICY COMMITTEE) AND THE DEVELOPMENT OF THE MOST RECENT POLICY GUIDES HEALTH IMPACT ASSESSMENT (HIA) UPDATES ASTHO 2015 MONTHLY HIA CALLS REACHED PRACTITIONERS ON ALL LEVELS AND FROM DIVERSE AFFILIATIONS CALLS CREATED MENTORING OPPORTUNITIES BETWEEN EXPERIENCED AND NOVICE PRACTITIONERS AND OPPORTUNITIES TO ASSESS NEEDS FOR TRAINING AND TECHNICAL ASSISTANCE IN ADDITION, FOR SEVEN YEARS, ASTHO HAS PROVIDED HIA CAPACITY BUILDING GRANTS TO HEALTH AGENCIES TO FURTHER THEIR ABILITY TO ENGAGE IN BUILT ENVIRONMENT PROJECTS THIS YEAR, ASTHO AWARDED TWO MINI-GRANTS TO THE STATE HEALTH AGENCIES IN FLORIDA AND VERMONT TO CONDUCT RAPID HIAS THE FLORIDA PROJECT FOCUSED ON CHANGING A FEE STRUCTURE FOR A COUNTY PARKS PROGRAM TO INCREASE ACCESS, AND THE VERMONT PROJECT FOCUSED ON ZONING CHANGES TO ALLOW FOR MARKET RATE HOUSING AS PART OF A REDEVELOPMENT PLAN BOTH FINAL REPORTS WILL BE AVAILABLE ONLINE PUBLICATIONSLEIDER JP, RESNICK B, SELLERS K, KASS N, BERNET P, YOUNG JL, JARRIS PE "SETTING BUDGETS AND PRIORITIES AT STATE HEALTH AGENCIES " JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE 2014 E-PUBLISHED AHEAD OF PRINT LEIDER JP, RESNICK B, KASS N, SELLERS K, YOUNG JL, BERNET P, JARRIS PE "BUDGET- AND PRIORITY-SETTING CRITERIA AT STATE HEALTH AGENCIES IN TIMES OF AUSTERITY A MIXED-METHODS STUDY " AMERICAN JOURNAL OF PUBLIC HEALTH 2014 104(6) 1092-9			
(Code)	(Expenses \$ 1,694,988	including grants of \$ 882,000)	(Revenue \$)
MEMBER ENGAGEMENTSTATE LEGISLATIVE LIAISONS ASTHO HOSTED THE ANNUAL MEETING OF STATE LEGISLATIVE LIAISONS ON JULY 16-17 IN SALT LAKE CITY TWENTY-FOUR STATES AND ONE TERRITORY, US VIRGIN ISLANDS, PARTICIPATED IN THE MEETING, WHICH ALSO FEATURED JOINT SESSIONS WITH ASTHO'S SENIOR DEPUTIES PEER NETWORK ON JULY 16 THAT INCLUDED FEDERAL AND STATE HEALTH POLICY UPDATES, A PANEL ON STRATEGIES FOR SUPPORTING SUSTAINABLE EFFORTS THROUGH THE FEDERAL RESERVE BANK AND STATE POLICY LEVERS, AND A DIALOGUE BETWEEN ED EHLINGER (MN) AND PAUL JARRIS ON HEALTH EQUITY IN ALL POLICIES CINDY PELLIGRINI, SENIOR VICE PRESIDENT OF PUBLIC POLICY AND GOVERNMENT AFFAIRS FOR THE MARCH OF DIMES, PRESENTED ON THE NEWBORN SCREENING SAVES LIVES REAUTHORIZATION ACT UNDERSTANDING INFORMED CONSENT STATE LEGISLATIVE LIAISONS SERVED AS PRESENTERS THROUGH THEIR MEETING ON TOPICS INCLUDING EBOLA, E-CIGARETTES, AND PRESCRIPTION DRUG OVERDOSE PREVENTION AND TREATMENT SENIOR DEPUTIES THE SENIOR DEPUTIES ORIENTATION AND ANNUAL MEETING WAS HELD JULY 13-16 IN SALT LAKE CITY ELEVEN NEW SENIOR DEPUTIES PARTICIPATED IN THE ORIENTATION AND LEARNED TACTICAL STRATEGIES TO MANAGE THEIR ROLES AND RESPONSIBILITIES SDC MEMBERS AND ALUMNI SERVED AS FACULTY FOR THE SESSIONS MEETING EVALUATIONS FOR THE ORIENTATION INDICATE THAT THE LEVEL OF SATISFACTION WITH THE OVERALL QUALITY OF MEETING PRESENTATION WAS VERY HIGH THE THEME OF THIS YEAR'S SENIOR DEPUTIES ANNUAL MEETING WAS "IMPROVING THE PERFORMANCE OF PUBLIC HEALTH AGENCIES " RICHARD PATTON (UT) WELCOMED SENIOR DEPUTIES TO UTAH AND PROVIDED OPENING REMARKS FOR THE CONFERENCE THE PLENARY SESSIONS FEATURED INNOVATIVE AND PROMISING PRACTICES TO STRENGTHEN CORE PUBLIC HEALTH CAPACITIES, SUCH AS HEALTH SYSTEMS TRANSFORMATION, WORKFORCE DEVELOPMENT, PERFORMANCE MANAGEMENT, AND POPULATION HEALTH IMPROVEMENT THERE WERE A TOTAL OF 74 REGISTRANTS, REPRESENTING 37 STATES AND FIVE TERRITORIES NORTHERN MARIANA ISLANDS, FEDERATED STATES OF MICRONESIA, GUAM, PUERTO RICO, AND THE U S VIRGIN ISLANDS MEETING EVALUATIONS WERE OVERWHELMINGLY POSITIVE, NEARLY 97 PERCENT OF PARTICIPANTS INDICATED THAT THE MEETING WOULD BENEFIT THEM IN THEIR PRACTICE AND THE CONTENT HELD THEIR INTEREST CREATION OF NEW POLICIES AND PROCEDURES - DISASTER RELIEF, VETTING NEW PARTNERS ASTHO HAS BEEN DEVELOPING NEW POLICIES AND PROCEDURES FOR SPONSORS AND CORPORATE PARTNERS THE FIRST PROVIDES A GUIDE TO BRINGING ON NEW CORPORATE PARTNERS AND INCLUDES DETAILS ON VETTING AND RESEARCHING THE COMPANY AS WELL AS OBTAINING APPROPRIATE APPROVALS THE SECOND WILL HELP ASTHO NAVIGATE REQUESTS TO ASSIST WITH FUNDRAISING EFFORTS IN RESPONSE TO PUBLIC HEALTH EMERGENCIES PUBLICATIONSJARRIS PE, TALKINGTON K "WHAT'S NEXT ARE WE READY? PUBLIC HEALTH TESTING ITS LIMITS WITH GLOBAL DISEASE THREATS " JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE 2014 20(6) 670-1			

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$	1,966,177	including grants of \$	534,308)	(Revenue \$)
SCIENCE & STRATEGY					
(Code)	(Expenses \$	1,385,551	including grants of \$		(Revenue \$)
MEMBER SERVICES					

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 535,946 including grants of \$) (Revenue \$)
PUBLIC POLICY
(Code) (Expenses \$ including grants of \$) (Revenue \$ 88,324)
OTHER ACTIVITIES AND PUBLICATIONSJARRIS PE "POPULATION HEALTH NO ONE DOES IT ALONE " JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE 2014 20(5) 554-6 SHAH GH, LEEP C, YE J, SELLERS K, LISS-LEVINSON R, WILLIAMS K "PUBLIC HEALTH AGENCIES' LEVEL OF ENGAGEMENT IN AND PERCEIVED BARRIERS TO PHAB NATIONAL VOLUNTARY ACCREDITATION " JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE 2014 E-PUBLISHED AHEAD OF PRINT MOFFAT S, JARRIS PE, ROMERO E, WADDELL L "HEALTH SYSTEM CHANGE SUPPORTING 10-STATE LEARNING COLLABORATIVE FOR RAPID-CYCLE CHANGE " JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE 2015 21(1) 100-2 SHAH GH, LEEP CJ, YE J, SELLERS K, LISS-LEVINSON R, WILLIAMS KS "PUBLIC HEALTH AGENCIES' LEVEL OF ENGAGEMENT IN AND PERCEIVED BARRIERS TO PHAB NATIONAL VOLUNTARY ACCREDITATION " JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE 2015 21(2) 107-15 MONTERO JT, MOFFATT S, JARRIS PE OPPORTUNITIES TO IMPROVE POPULATION HEALTH BY INTEGRATING GOVERNMENTAL PUBLIC HEALTH AND HEALTH CARE DELIVERY LESSONS FROM THE ASTHO MILLION HEART QUALITY IMPROVEMENT LEARNING COLLABORATIVE DISCUSSION PAPER INSTITUTE OF MEDICINE 2015 MONTERO JT, LUPI MV, JARRIS PE IMPROVED POPULATION HEALTH THROUGH MORE DYNAMIC PUBLIC HEALTH AND HEALTH CARE SYSTEM COLLABORATION DISCUSSION PAPER INSTITUTE OF MEDICINE 2015 MULLEN J "LIVING LONGER BETTER A CALL TO ACTION TO PROMOTE THE HEALTH OF OLDER ADULTS AND THEIR COMMUNITIES " JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE 2015 21(4) 410-2 JARRIS PE, SELLERS K THE VALUE OF INTEGRATION PUBLIC HEALTH, PRIMARY CARE, AND BEYOND PRACTICAL PLAYBOOK NEW YORK, NY OXFORD UNIVERSITY PRESS, 2015 28-31

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) HARRY CHEN REGION 1 REPRESENTATIVE	1 00	X						0	0	0
(1) MARY O'DOWD REGION 2 REPRESENTATIVE	1 00	X						0	0	0
(2) MARISSA LEVINE REGION 3 REPRESENTATIVE	1 00	X						0	0	0
(3) MARY CURRIER REGION 4 REPRESENTATIVE	1 00	X						0	0	0
(4) KAREN MCKEOWN REGION 5 REPRESENTATIVE	1 00	X						0	0	0
(5) JT LANE REGION 6 REPRESENTATIVE	1 00	X						0	0	0
(6) GERD CLABAUGH REGION 7 REPRESENTATIVE	1 00	X						0	0	0
(7) WENDY BRAUND REGION 8 REPRESENTATIVE	1 00	X						0	0	0
(8) JAMES GILLIAN REGION 9 REPRESENTATIVE	1 00	X						0	0	0
(9) JOHN WISEMAN REGION 10 REPRESENTATIVE	1 00	X						0	0	0
(10) SHEILA PINETTE REGION 1 REPRESENTATIVE	1 00	X						0	0	0
(11) KARYL RATTAY REGION 3 REPRESENTATIVE	1 00	X						0	0	0
(12) LAMAR HASBROUCK REGION 5 REPRESENTATIVE	1 00	X						0	0	0
(13) JOSE MONTERO PAST PRESIDENT	1 00	X						0	0	0
(14) JEWEL MULLEN PRESIDENT	2 50	X		X				0	0	0
(15) ED EHLINGER PRESIDENT ELECT	1 50	X		X				0	0	0
(16) TERRY CLINE IMMEDIATE PAST PRESIDENT	1 50	X		X				0	0	0
(17) BRENDA FITZGERALD SECRETARY-TREASURER	1 50	X		X				0	0	0
(18) PAUL E JARRIS EXECUTIVE DIRECTOR	37 50			X				347,004	0	65,474
(19) DAVE COTE ASSOCIATE EXEC DIRECTOR	37 50			X				206,140	0	34,165
(20) JAMES S BLUMENSTOCK CHIEF PROGRAM OFFICER	37 50				X			217,961	0	36,339
(21) SHARON MOFFATT CHIEF PROGRAM OFFICER	37 50				X			217,865	0	26,955
(22) LISA WADDELL CHIEF PROGRAM OFFICER	37 50				X			174,346	0	33,947
(23) MONICA VALDES LUPI CHIEF PROGRAM OFFICER	37 50				X			164,219	0	41,130
(24) MELISSA FERGUSON CHIEF PROGRAM OFFICER	37 50				X			150,555	0	900

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(26) CATHERINE SELLERS CHIEF PROGRAM OFFICER	37 50					X		141,255	0	28,394
(1) SHAWN RICK POLK CHIEF OF STAFF	37 50					X		138,225	0	26,010
(2) GRACE CONNOLLY SENIOR DIRECTOR	37 50					X		124,036	0	11,173
(3) SCOTT BRISCOE SENIOR DIRECTOR	37 50					X		118,202	0	28,645
(4) ELIZABETH ROMERO WALKER SENIOR DIRECTOR	37 50					X		117,663	0	30,304

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g


Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	15,961,952	17,920,617	18,246,422	23,272,385	24,099,812	99,501,188
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	15,961,952	17,920,617	18,246,422	23,272,385	24,099,812	99,501,188
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)						6,390,531
6	Public support. Subtract line 5 from line 4						93,110,657

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	15,961,952	17,920,617	18,246,422	23,272,385	24,099,812	99,501,188
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,697	5,716	5,366	5,411	5,323	29,513
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 VI)	59,667	18,696	22,787	9,012	58,195	168,357
11	Total support Add lines 7 through 10						99,699,058
12	Gross receipts from related activities, etc (see instructions)					12	689,925
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 2014 (line 6, column (f) divided by line 11, column (f))	14	93 390 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	92 480 %
16a	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2013. 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		
17a	10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (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)	28,254													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	226,054													
c	Total lobbying expenditures (add lines 1a and 1b)	254,308													
d	Other exempt purpose expenditures	24,620,878													
e	Total exempt purpose expenditures (add lines 1c and 1d)	24,875,186													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	259,503	265,783	244,975	254,308	1,024,569
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	25,950	26,578	24,497	28,254	105,279

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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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 value of contributions to (during year)	
3	Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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, for escrow or custodial account liability?

☐ Yes ☐ No
- b 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 | b (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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		480,486	370,437	110,049
d Equipment		488,537	137,163	351,374
e Other		1,464,982	1,084,003	380,979
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				842,402

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	24,297,629
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) 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	24,297,629
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	24,297,629

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	24,875,186
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	24,875,186
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	24,875,186

Part XIII Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2	ASTHO IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. ASTHO IS NOT A PRIVATE FOUNDATION. FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, 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.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GRANT MAKING	18,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			18,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			18,000

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT	18,000				
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1
- 3 Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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 Domestic Organizations and Domestic Governments. 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.

(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
See Additional Data Table							

Part III

Grants and Other Assistance to Domestic Individuals. 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

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

Additional Data

Software ID:
Software Version:
EIN: 35-1044487
Name: ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA DEPARTMENT OF PUBLIC HEALTHPO BOX 303017 MONTGOMERY,AL 361303017	63-0937081	115	46,155				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ALABAMA DEPARTMENT OF PUBLIC HEALTH201 MONROE STREET SUITE 1350 MONTGOMERY,AL 36104	63-1106545	115	29,678				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES3601 C STREET SUITE 322 ANCHORAGE,AK 995035923	92-6001185	501(C)(3)	15,000				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF NURSE-MIDWIVES8403 COLESVILLE ROAD SUITE 1550 SILVER SPRING,MD 20910	74-1685515	501(C)(3)	74,040				VULNERABLE POPULATIONS PLANNING MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST VULNERABLE POPULATIONS
AMERICAN COLLEGE OBSTETRICIANS GYNECOLOGISTS409 12TH STREET SW WASHINGTON,DC 20024	36-2217981	501(C)(3)	74,032				VULNERABLE POPULATIONS PLANNING MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST VULNERABLE POPULATIONS
ARKANSAS DEPT OF HEALTH4815 WEST MARKHAM ST SLOT 57 LITTLE ROCK,AR 72205	71-6007358	115	95,972				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSN OF PUBLIC HEALTH LABORATORIES8515 GEORGIA AVE SUITE 700 SILVER SPRINGS,MD 20912	52-1800436	501(C)(3)	133,369				PUBLIC HEALTH PLATFORM
ASSOC OF PUBLIC HEALTH NURSES110 A NORTHWOODS BLVD COLUMBUS,OH 43235	45-5628490	501(C)(3)	6,941				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ASSOCIATION OF AMERICAN INDIAN PHYSICIANS1225 SOVEREIGN ROW SUITE 103 OKLAHOMA CITY,OK 73108	23-7296826	501(C)(3)	47,588				VULNERABLE POPULATIONS PLANNING MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST VULNERABLE POPULATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREASTFEEDING HAWAII PO BOX 30142 HONOLULU,HI 96820	61-1636900	501(C)(3)	15,000				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
COALITION OF OKLAHOMA BREASTFEEDING ADVOCATES4 NE 10TH ST PMB 188 OKLAHOMA CITY,OK 73104	46-2664843	501(C)(3)	30,000				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
DISTRICT OF COLUMBIA DEPT OF HEALTH899 NORTH CAPITOL STREET NE 3RD FLOOR WASHINGTON,DC 20002	53-6001131	115	78,397				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITYPO BOX 935084 ATLANTA,GA 311935084	58-0566256	501(C)(3)	205,775				PANDEMIC INFLUENZA COMMUNICATION PARTNERSHIP
FLORIDA DEPARTMENT OF HEALTH4052 BALD CYPRESS WAY BIN A-06 TALLAHASSEE,FL 32399	59-3502843	115	13,947				HEALTH IMPACT ASSESSMENT PROJECT
FOUNDATION FOR HEALTHY COMMUNITIES 125 AIRPORT ROAD CONCORD,NH 03301	02-0275078	501(C)(3)	8,951				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA DEPT OF PUBLIC HEALTH2 PEACHTREE ST NW 15TH FLOOR ATLANTA,GA 303033142	90-0676388	115	111,131				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
HEALTH RESEARCH INC 150 BROADWAY SUITE 650 MENANDS,NY 12204	14-1402155	501(C)(3)	89,048				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ICF-MACRO INCPO BOX 536259 PITTSBURGH,PA 152535904	52-0955232	501(C)(3)	153,539				DEVELOPMENT OF A MEASUREMENT FRAMEWORK TO DEMONSTRATE THE IMPACT OF THE PHHS BLOCK GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS DEPARTMENT OF PUBLIC HEALTH525 WEST JEFFERSON STREET 1ST FLOOR FLOOR SPRINGFIELD,IL 62761	01-0632628	115	63,624				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
INT'L SOCIETY FOR DISEASE SURVEILLANCE 136 HARRISON AVENUE BOSTON,MA 02111	20-3805298	501(C)(3)	197,479				BIOSENSE 2 0
KANSAS DEPT OF HEALTH & ENVIRONMENT1000 SW JACKSON SUITE 450 TOPEKA,KS 66612	48-6029925	115	68,332				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND HMH OFFICE OF CDPC201 W PRESTON ST SUITE 306 J BALTIMORE, MD 21201	52-6002033	115	50,000				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
MEDICAL SOCIETY OF DELAWARE900 PRIDES CROSSING NEWARK, DE 19713	51-0061011	501(C)(3)	28,408				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH PO BOX 30437 LANSING, MI 48909	38-6000134	115	102,512				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA DEPARTMENT OF HEALTHPO BOX 64975 ST PAUL,MN 551640975	41-6007162	115	45,862				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS2200 CENTURY PARKWAY SUITE 250 ATLANTA,GA 30345	73-1328414	501(C)(3)	15,000				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS1100 17TH STREET NW 7TH FLOOR WASHINGTON,DC 20036	52-1426663	501(C)(3)	62,956				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 E FIRST PLACE DENVER, CO 80230	84-0772595	501(C)(3)	181,126				DEVELOPMENT AND EXECUTION OF STATE WINNABLE BATTLE PLANS
NATIONAL FORUM FOR HEART DISEASE & STROKE PREVENTION 1150 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	27-2257461	501(C)(3)	45,000				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL GOVERNORS ASSOCIATION 444 N CAPITOL STREET NW SUITE 267 WASHINGTON, DC 20001 1512	23-7391796	501(C)(3)	137,655				STATE HEALTH LEADERSHIP INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL HISPANIC MEDICAL ASSOC1920 L STREET NW SUITE 725 WASHINGTON,DC 20036	52-1884446	501(C)(3)	70,000				VULNERABLE POPULATIONS PLANNING MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST VULNERABLE POPULATIONS
NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY INC30 WINTER STREET 6TH FLOOR BOSTON,MA 021084720	01-0647374	501(C)(3)	15,000				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
NEW MEXICO BREASTFEEDING TASK FORCE1618 HARVARD DRIVE NE ALBUQUERQUE,NM 87106	85-0404814	501(C)(3)	15,000				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH DAKOTA DEPT OF HEALTH600 E BOULEVARD AVE DEPT 301 BISMARCK,ND 58505	45-0309764	115	137,060				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
OKLAHOMA STATE DEPARTMENT OF HEALTH1000 NE 10TH STREET ROOM 206 OKLAHOMA CITY,OK 73117	73-6017987	115	48,112				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
PACIFIC ISLAND HEALTH OFFICERS ASSN737 BISHOP STREET SUITE 2075 MAUKA TOWER HONOLULU,HI 96813	20-0298040	501(C)(3)	692,774				ASTHO PRIORITIES TERRITORIES AND HEALTH INFORMATION SYSTEMS STRENGTHENING IN THE USAPI

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT & FELLOWS OF HARVARD COLLEGEPO BOX 415649 BOSTON,MA 022415649	04-2103580	501(C)(3)	744,345				STATE HEALTH LEADERSHIP INITIATIVE
PUBLIC HEALTH INSTITUTE555 12TH STREET 10TH FLOOR OAKLAND,CA 946074046	94-1646278	501(C)(3)	252,158				NATIONAL LEADERSHIP ACADEMY FOR PUBLIC HEALTH (NLAPH)
RESEARCH AND EDUCATIONAL FOUNDATION155 E BROAD STREET SUITE 301 COLUMBUS,OH 43215	31-4270340	501(C)(3)	14,915				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHEASTERN LA AHEC 1302 J W DAVIS DR HAMMOND, LA 70403	72-1155014	501(C)(3)	29,998				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
CONNECTICUT DEPT OF PUBLIC HEALTHPO BOX 340308 HARTFORD, CT 061340308	06-6000798	115	34,966				BUILDING CAPACITY IN MATERNAL AND CHILD HEALTH PROGRAMS AND POLICIES
UNIVERSITY OF MASSACHUSETTS600 SUFFOLK ST WANNALANCIT 2ND FLR SOUTH LOWELL, MA 01854	04-3167352	115	392,142				DEVELOPING ENHANCED VISUALIZATION AND ANALYSIS CAPABILITY FOR PH DATA MANAGEMENT AND ANALYSIS VIA THE CDC PLATFORM AND BRFSS ON THE CLOUD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW HAMPSHIRE51 COLLEGE ROAD ROOM 109C DURHAM,NH 03824	02-6000937	115	49,987				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
UNIVERSITY OF PITTSBURGHPO BOX 371220 PITTSBURGH,PA 152517220	25-0965591	115	80,913				DEVELOPING REAL TIME STRATEGIES FOR IMPLEMENTING PUBLIC HEALTH LAW INTERVENTIONS
VERMONT DEPARTMENT OF HEALTH108 CHERRY STREET BUSINESS OFFICE BURLINGTON,VT 05401	03-6000264	115	64,026				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA DEPARTMENT OF HEALTH109 GOVERNOR ST 7TH FLOOR RICHMOND,VA 23219	54-6001775	115	126,581				MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
WEST VIRGINIA DEPARTMENT OF HEALTH 350 CAPITOL STREET ROOM 2016 CHARLESTON,WV 25301	55-6000810	115	15,000				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
WOLTERS KLUWER HEALTH INC16705 COLLECTION CENTER DRIVE CHICAGO,IL 60693	13-2932696	501(C)(3)	19,250				TO ESTABLISH A PARTNERSHIP TO DEVELOP A SEMINAL SUPPLEMENT ON HEALTH EQUITY WITH THE JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING DEPARTMENT OF HEALTH6101 YELLOWSTONE RD SUITE 420 CHEYENNE,WY 82002	83-0208667	115	5,200				BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Employer identification number

35-1044487

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in 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.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>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.</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
If "Yes," to line 5a or 5b, describe in Part III.		
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
If "Yes," to line 6a or 6b, describe in Part III.		
<div>7</div> <div>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.</div>	7	Yes
<div>8</div> <div>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.</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL E JARRIS, EXECUTIVE DIRECTOR	(i)	307,639	39,365	0	43,122	22,352	412,478	0
	(ii)	0	0	0	0	0	0	0
2 DAVE COTE, ASSOCIATE EXEC DIRECTOR	(i)	206,140	0	0	23,839	10,326	240,305	0
	(ii)	0	0	0	0	0	0	0
3 JAMES S BLUMENSTOCK, CHIEF PROGRAM OFFICER	(i)	181,329	36,632	0	25,089	11,250	254,300	0
	(ii)	0	0	0	0	0	0	0
4 SHARON MOFFATT, CHIEF PROGRAM OFFICER	(i)	183,137	34,728	0	24,476	2,479	244,820	0
	(ii)	0	0	0	0	0	0	0
5 LISA WADDELL, CHIEF PROGRAM OFFICER	(i)	171,992	2,354	0	13,848	20,099	208,293	0
	(ii)	0	0	0	0	0	0	0
6 MONICA VALDES LUPI, CHIEF PROGRAM OFFICER	(i)	164,219	0	0	20,793	20,337	205,349	0
	(ii)	0	0	0	0	0	0	0
7 MELISSA FERGUSON, CHIEF PROGRAM OFFICER	(i)	150,555	0	0	0	900	151,455	0
	(ii)	0	0	0	0	0	0	0
8 CATHERINE SELLERS, CHIEF PROGRAM OFFICER	(i)	141,255	0	0	16,925	11,469	169,649	0
	(ii)	0	0	0	0	0	0	0
9 SHAWN RICK POLK, CHIEF OF STAFF	(i)	138,225	0	0	16,683	9,327	164,235	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 7	EXPLANATION THE FOLLOWING INDIVIDUALS RECEIVED NON-FIXED PAYMENTS (BONUSES) DURING THE YEAR PAUL E JARRIS - \$39,365 JAMES S BLUMENSTOCK - \$36,632 SHARON MOFFATT - \$34,728 LISA WADDELL - \$2,354

Additional Data

Software ID:

Software Version:

EIN: 35-1044487

Name: ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAUL E JARRIS, EXECUTIVE DIRECTOR	(i) (ii)	307,639 0	39,365 0	0 0	43,122 0	22,352 0	412,478 0	0 0
DAVE COTE, ASSOCIATE EXEC DIRECTOR	(i) (ii)	206,140 0	0 0	0 0	23,839 0	10,326 0	240,305 0	0 0
JAMES S BLUMENSTOCK, CHIEF PROGRAM OFFICER	(i) (ii)	181,329 0	36,632 0	0 0	25,089 0	11,250 0	254,300 0	0 0
SHARON MOFFATT, CHIEF PROGRAM OFFICER	(i) (ii)	183,137 0	34,728 0	0 0	24,476 0	2,479 0	244,820 0	0 0
LISA WADDELL, CHIEF PROGRAM OFFICER	(i) (ii)	171,992 0	2,354 0	0 0	13,848 0	20,099 0	208,293 0	0 0
MONICA VALDES LUPI, CHIEF PROGRAM OFFICER	(i) (ii)	164,219 0	0 0	0 0	20,793 0	20,337 0	205,349 0	0 0
MELISSA FERGUSON, CHIEF PROGRAM OFFICER	(i) (ii)	150,555 0	0 0	0 0	0 0	900 0	151,455 0	0 0
CATHERINE SELLERS, CHIEF PROGRAM OFFICER	(i) (ii)	141,255 0	0 0	0 0	16,925 0	11,469 0	169,649 0	0 0
SHAWNRIK POLK, CHIEF OF STAFF	(i) (ii)	138,225 0	0 0	0 0	16,683 0	9,327 0	164,235 0	0 0

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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Return Reference	Explanation	
FORM 990, PART III, LINE 4A (CONT)	TOBACCO PREVENTION AND CONTROL ASTHO AND NACCHO CONTINUED THEIR JOINT WEBINAR SERIES ON E MERGING ISSUES IN TOBACCO BY ENGAGING PARTICIPANTS ON TOPICS SUCH AS USING ELECTRONIC HEALTH RECORDS TO SUPPORT TOBACCO CESSATION AND MILLION HEARTS, AND MESSAGING ON E-CIGARETTES AIMED AT WOMEN AND YOUTH THE ASTHO E-CIGARETTE WORKGROUP HAS DISCUSSED E-CIGARETTE TAXATION, YOUTH ACCESS AND DEFINITIONS OF E-CIGARETTES, AND E-CIGARETTE PACKAGING DURING ITS BIMONTHLY CALLS THE ASTHO TOBACCO ISSUES FORUM, CHAIRED BY ED EHLINGER (MN), EXPANDED ITS ROSTER TO INCLUDE THE ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS AND DISCUSSED TOPICS SUCH AS RAISING THE MINIMUM AGE TO 21, THE CDC 2015 TIPS CAMPAIGN, AND THE TRANS-PACIFIC PARTNERSHIP AGREEMENT ASTHO SIGNED ON TO COMMENT LETTERS ON A VARIETY OF TOBACCO TOPICS INCLUDING THE TOBACCO CONTROL ACT, DEEMING RULE ON E-CIGARETTES, AND COMPREHENSIVE CESSATION COVERAGE IN ADDITION, ASTHO PROVIDES STAFF SUPPORT TO THE TOBACCO CONTROL NETWORK (TCN) THE TCN EXECUTIVE LEADERSHIP TEAM MET IN-PERSON IN MARCH TO DISCUSS THE STRATEGIC DIRECTION OF TCN IN JUNE, ASTHO ASSISTED WITH THE LAUNCH OF A NEW WEBSITE FOR THE TCN ADDRESSING INFANT MORTALITY AND PRETERM BIRTHS ASTHO PARTNERED WITH THE NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ) TO SUPPORT HRSA'S COLLABORATIVE IMPROVEMENT AND INNOVATION NETWORK (COIN) TO REDUCE INFANT MORTALITY NATIONAL ROLLOUT ASTHO SUPPORTED THE SECOND IN-PERSON LEARNING SESSION OF THE NATIONAL ROLLOUT IN BOSTON IN JULY 2015 BY FACILITATING AND MODERATING SESSIONS AND PROVIDING TECHNICAL ASSISTANCE TO STATES ALMOST 400 PEOPLE ATTENDED THE CONFERENCE, INCLUDING REPRESENTATIVES FROM 49 STATES NATIONAL MATERNAL AND CHILD HEALTH EXPERTS FROM ORGANIZATIONS SUCH AS THE MARCH OF DIMES, THE ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS, CITYMATCH, AND THE MATERNAL AND CHILD HEALTH BUREAU WERE ALSO IN ATTENDANCE ASTHO'S INCOMING PRESIDENT, EDWARD EHLINGER (MN), DELIVERED A PRESENTATION ON HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH TO CLOSE OUT THE LEARNING SESSION IN BOSTON OBSERVABLE WINS FROM THE CONFERENCE INCLUDED ENTHUSIASTIC PARTICIPATION OF ATTENDEES, STATE-TO-STATE NETWORKING, AND RESOURCE SHARING AMONG PROJECT PARTNERS AND ATTENDEES THROUGHOUT THE PROJECT, ASTHO HAS SERVED AS THE LEAD TECHNICAL ASSISTANCE ORGANIZATION FOR THE PRE- AND INTERCONCEPTION CARE AND REGIONALIZED SYSTEMS OF CARE (PERINATAL REGIONALIZATION) LEARNING NETWORKS ASTHO STAFF HAVE SHARED STATE BEST PRACTICES ON MULTIPLE COIN WEBINARS AND ARE ACTIVE PARTICIPANTS IN WEEKLY CALLS WITH NICHQ AND PROJECT PARTNERS TO HELP GUIDE THE STRATEGY OF THE PROJECT HEALTHY BABIES SUBCOMMITTEE THE HEALTHY BABIES SUBCOMMITTEE CONTINUES TO CONVENE AND DISCUSS ISSUES AFFECTING MATERNAL AND BIRTH OUTCOMES TOPICS HAVE INCLUDED 17P ACCESS AND AVAILABILITY, REDUCING EARLY ELECTIVE DELIVERIES, AND PREVENTING PRIMARY C-SECTIONS SUBCOMMITTEE DISCUSSIONS RESULTED IN AN ISSUE BRIEF ON STATE BEST PRACTICES ON REDUCING EARLY ELECTIVE DELIVERIES, AN UPDATED 17P FACTSHEET AND A 17P ISSUE BRIEF THAT WILL BE RELEASED IN THE FALL OF 2015 IN JULY 2015, KARYL RATTAY (DE) BECAME CHAIR OF THE HEALTHY BABIES SUBCOMMITTEE ASTHO STAFF MET WITH RATTAY, BOTH IN-PERSON AND VIA TELECONFERENCE, TO DISCUSS POSSIBLE FUTURE FOCUS AREAS FOR THE SUBCOMMITTEE RESULTING IN A NEW FRAMEWORK OF MATERNAL AND CHILD HEALTH TOPICS THAT THE SUBCOMMITTEE WILL CONSIDER WHEN DECIDING ON FUTURE FOCUS AREAS THE FRAMEWORK INCLUDES A FOCUS ON LEVERAGING ASTHO'S MATERNAL AND CHILD HEALTH PORTFOLIO TO SUPPORT INCOMING ASTHO PRESIDENT ED EHLINGER'S (MN) CHALLENGE ON HEALTH IN ALL POLICIES AND ACHIEVING HEALTH EQUITY THE SUBCOMMITTEE MET ON AUGUST 7 AND WILL FINALIZE THE FRAMEWORK IN THE FALL LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) LEARNING COMMUNITY ASTHO CONTINUES TO SUPPORT A LEARNING COMMUNITY ON LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) DURING THE IMMEDIATE POSTPARTUM PERIOD THROUGHOUT THE FIRST YEAR OF THE PROJECT, ASTHO HELD FIVE VIRTUAL LEARNING SESSIONS WITH THE FIRST COHORT OF STATES (CO, GA, IA, MA, NM, AND SC) TOPICS FOR THE VIRTUAL LEARNING SESSIONS WERE IDENTIFIED THROUGH KEY INFORMANT INTERVIEWS HELD PRIOR TO THE START OF THE PROJECT AND INCLUDED PROVIDER TRAINING, SUSTAINABILITY AND PAY STREAMS, CONSENT AND COERCION, AND STOCKING AND SUPPLY IN AUGUST 2015, ASTHO RELEASED A REQUEST FOR LETTERS OF INTENT FOR STATES TO PARTICIPATE IN THE SECOND COHORT OF THE LEARNING COMMUNITY KEY INFORMANT INTERVIEWS WILL BE HELD WITH THE TWO SELECTED STATES, AND A SECOND IN-PERSON MEETING WILL BE HELD IN OCTOBER 2015 STATES FROM COHORT ONE WILL SHARE IDEAS AND BEST PRACTICES WITH STATES IN COHORT TWO DURING THIS MEETING AND THROUGHOUT THE SECOND YEAR OF THE PROJECT BREASTFEEDING LEARNING COMMUNITY SINCE OCTOBER 2014, ASTHO, WITH SUPPORT FROM CDC'S DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY (DNPAO), HAS FACILITATED A STATE LEARNING COMMUNITY WITH 17 STATES AND WASHINGTON, D.C. TO ENHANCE STATE HEALTH	

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT)	<p>EALTH AGENCIES' CAPACITY FOR IMPROVING BREASTFEEDING-FRIENDLY ENVIRONMENTS THROUGH THREE KEY INTERVENTIONS INCREASING BREASTFEEDING-FRIENDLY HOSPITAL MATERNITY PRACTICES, IMPROVING PEER AND PROFESSIONAL BREASTFEEDING SUPPORT, AND ENSURING WORKPLACE COMPLIANCE WITH THE FEDERAL LACTATION LAW ASTHO CONVENED PARTICIPATING STATES ON FOUR LEARNING SESSIONS TO FACILITATE STATE-TO-STATE LEARNING, SHARE RESOURCES, AND ADDRESS TECHNICAL ASSISTANCE REQUESTS ASTHO LAUNCHED A WEBSITE WITH A MAP OF STATE BREASTFEEDING INITIATIVES AND CONDUCTED KEY INFORMANT INTERVIEWS WITH 10 STATES AND THE STATE BREASTFEEDING COALITIONS TO SHARE SUCCESSSES AND LESSONS LEARNED FROM THE PROJECT MILLION HEARTS LEARNING COMMUNITY TO IMPROVE HYPERTENSION CONTROL ASTHO CONTINUED TO WORK WITH THE YEAR-ONE STATES (AL, DC, IL, MD, MN , NH, NY , OK, AND VT), SIX NEW YEAR-TWO STATES (AR, GA, KS, MI, ND, AND VA), AND PALAU PARTICIPATING IN THE ASTHO MILLION HEARTS STATE LEARNING COLLABORATIVE ASTHO CONVENED THE YEAR-ONE STATES VIRTUALLY TO SHARE PROGRESS TO DATE AND WORK ON SPREADING AND SUSTAINING SUCCESSSES ASTHO ALSO CONTINUES TO HOST TECHNICAL ASSISTANCE CALLS ON TOPICS SUCH AS MEDICATION ADHERENCE, DATA, AND STANDARDIZING PROTOCOLS FOR NEW AND CONTINUING STATES ASTHO LAUNCHED A NEW ONLINE TOOLBOX, MILLION HEARTS TOOLS FOR CHANGE, WITH TOOLS AND RESOURCES FOR CREATING SYSTEMS FOR IMPROVED IDENTIFICATION AND TREATMENT OF HYPERTENSION ASTHO HOSTS ACCREDITATION WEBINAR SERIES FOR TRIBAL HEALTH SYSTEMS WITH SUPPORT FROM THE OFFICE OF MINORITY HEALTH (OMH) -NATIONAL PARTNERSHIP FOR ACTION (NPA), ASTHO HOSTED TWO WEBINARS ON ACCREDITATION TARGETING TRIBAL PUBLIC HEALTH SYSTEMS PRESENTERS FOR THE FIRST WEBINAR INCLUDED , 1) THE PUBLIC HEALTH ACCREDITATION BOARD (PHAB), 2) NATIONAL INDIAN HEALTH BOARD (NIHB), 3) FOREST COUNTY POTAWATOMI COMMUNITY, AND 4) ASTHO THE PRESENTERS PROVIDED AN OVERVIEW OF THE ACCREDITATION PROCESS, PROVIDED A TRIBE'S PERSPECTIVE ON BENEFITS AND CHALLENGES OF APPLYING FOR ACCREDITATION, SHARED INFORMATION ABOUT RESOURCES AVAILABLE TO ASSIST TRIBES THAT ARE INTERESTED IN APPLYING FOR ACCREDITATION, AND ASTHO'S ROLE IN ACCREDITATION AND PARTNERSHIP WITH TRIBAL ENTITIES THE SECOND WEBINAR IN THIS SERIES, "ACCREDITATION IMMERSION," WAS SCHEDULED FOR AUGUST 31 SUPPORT OF NATIONAL PUBLIC HEALTH DEPARTMENT ACCREDITATION ASTHO CONTINUES TO SUPPORT NATIONAL PUBLIC HEALTH DEPARTMENT ACCREDITATION THROUGH THE PUBLIC HEALTH ACCREDITATION BOARD (PHAB) AND PROVIDE TECHNICAL ASSISTANCE AND RESOURCES TO STATE HEALTH AGENCIES SEEKING ACCREDITATION FOUR STATES - CA, DC, IL, AND NY - WERE ACCREDITED IN THE LAST 12 MONTHS, BRING THE TOTAL TO NINE STATES, WITH 22 MORE STATES ARE IN QUEUE FOR ACCREDITATION ASTHO CONTINUES TO WORK CLOSELY WITH NATIONAL PARTNERS TO COORDINATE STANDARDIZED TECHNICAL ASSISTANCE TO STATES AND TERRITORIES SINCE SEPTEMBER 2014, ASTHO COMPLETED THIRTY-FIVE REQUESTS FOR TECHNICAL ASSISTANCE FOR AK, AZ, CNMI, CT, FSM, FL, GA, GU, ID, IL, IA, LA, MA, MS, MO, NJ, ND, OH, PW, PR, UT, AND WI TECHNICAL ASSISTANCE HAS INCLUDED ACCREDITATION READINESS, DEVELOPMENT OF PHAB PREREQUISITES (STATE HEALTH ASSESSMENT, STATE HEALTH IMPROVEMENT PLAN AND STRATEGIC PLAN), DOCUMENT REVIEW FOR SUBMISSION TO PHAB, PERFORMANCE MANAGEMENT/QUALITY IMPROVEMENT, AND IMPLEMENTATION OF THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS ASTHO HAS DEVELOPED A COMPREHENSIVE COLLECTION OF TOOLS AND RESOURCES TO SUPPORT ADVANCEMENT IN ACCREDITATION PREPARATION, PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT, AND INCREASING PUBLIC HEALTH SYSTEMS ASSESSMENTS ALL OF THE TOOLS AND RESOURCES CAN BE FOUND ON ASTHO'S ACCREDITATION AND PERFORMANCE RESOURCES AND TOOLS WEBPAGE BASED ON MEMBER FEEDBACK, ASTHO CONTINUES TO ADD RESOURCES TO ITS CURRENT INVENTORY</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4B (CONT)	SUCCESSFULLY OBTAINED A NEW COOPERATIVE AGREEMENT AWARD FROM CDC BEGINNING JULY 1 (\$1.5M) TO SUPPORT STATES AS THEY IMPLEMENT ENHANCED INFECTION CONTROL THROUGH ELC EBOLA SUPPLEMENTAL FUNDING. THE FIRST MAJOR OBJECTIVE IS TO FACILITATE COORDINATION AT THE STATE LEVEL ON EBOLA-RELATED FUNDING. THIS WILL INCLUDE MAINTAINING SITUATIONAL AWARENESS, ALIGNING ASTHO WORK ON PREPAREDNESS AND INFECTIOUS DISEASE, ASSEMBLING AND CO-LEADING AN INFECTION CONTROL COUNCIL, AND CONVENING STATE-LEVEL LEADERS IN PUBLIC HEALTH, PREPAREDNESS, AND HEALTHCARE TO DEVELOP STRATEGIES AND DEFINE ROLES AND RESPONSIBILITIES. THE SECOND MAJOR OBJECTIVE IS TO ACCELERATE CAPACITY BUILDING AROUND HEALTHCARE INFECTION CONTROL ASSESSMENT AND OUTBREAK RESPONSE. THIS WILL INCLUDE ASSESSING STATE LEVEL CAPACITY, SHARING BEST PRACTICES, AND DISSEMINATING TOOLS SUCH AS THE ELECTRONIC HEALTH RECORD ACCESS TOOLKIT AND COMMUNICATIONS TOOLS TO IMPROVE PARTNERSHIPS BETWEEN PUBLIC HEALTH AND HEALTHCARE. ANTIMICROBIAL RESISTANCE. UNDER THE DIRECTION OF OUR INFECTIOUS DISEASE POLICY COMMITTEE (IDPC) CO-CHAIRS TERRY DWELLE (ND) AND NATE SMITH (AR), ASTHO CONTINUED TO WORK WITH MEMBERS AND PARTNERS TO DEFINE AND PROMOTE THE STATE HEALTH AGENCY ROLE IN ADDRESSING ANTIMICROBIAL RESISTANCE ACROSS VARIOUS SETTINGS. THIS PAST FALL, ASTHO CONVENED STATE HEALTH OFFICIALS, STATE AGRICULTURAL OFFICIALS, AND CDC TO INCREASE UNDERSTANDING OF THE ISSUES REGARDING ANTIBIOTIC RESISTANCE IN HUMAN PATHOGENS AND ITS INTERSECTION WITH AGRICULTURE, AND EXPLORE OPPORTUNITIES FOR JOINT LEADERSHIP AND COLLABORATION AMONG PUBLIC HEALTH AND AGRICULTURAL OFFICIALS AT THE STATE LEVEL. ASTHO ALSO REVIEWED EXISTING NATIONAL RESOURCES, RECOMMENDATIONS, AND STATE EXAMPLES OF ACTIVITIES WITH HEALTHCARE SETTINGS. PARTICIPANTS ARTICULATED CONCRETE ACTION STEPS AND TACTICS THAT STATE HEALTH AGENCIES AND OTHER PARTNERS CAN USE TO ADDRESS ANTIMICROBIAL RESISTANCE. NATE SMITH (AR) REPRESENTED ASTHO AT THE WHITE HOUSE FORUM ON ANTI-BIOTIC STEWARDSHIP HELD JUNE 2. IN RECOGNITION OF THE FORUM, ASTHO COMMITTED TO SUPPORTING THE STATE AND TERRITORIAL HEALTH AGENCY ROLE IN OPERATIONALIZING THE WHITE HOUSE'S FIVE-YEAR NATIONAL STRATEGY FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA. TO SUPPORT STATE STEWARDSHIP EFFORTS, ASTHO RELEASED A REPORT THAT DESCRIBES CURRENT STATE ACTIVITIES AND PRESENTS A RANGE OF OPPORTUNITIES FOR HEALTH AGENCIES TO DEVELOP OR ENHANCE STEWARDSHIP POLICIES AND ACTIVITIES. HEPATITIS C - VIRAL HEPATITIS EPI PROFILES PILOT PROJECT AND UPDATING OF THE BIRTH COHORT TESTING COMMUNICATIONS TOOLKIT. ASTHO CONDUCTED A PILOT PROJECT TO BUILD CAPACITY IN THE DEVELOPMENT OF VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES. THE PURPOSE OF THE PROFILES IS TO DOCUMENT, INTERPRET, AND CONTEXTUALIZE THE BURDEN OF THE EPIDEMIC AT THE STATE LEVEL, HEIGHTEN AWARENESS, AND GUIDE POLICIES FOR PREVENTION, CARE, AND PLANNING. THE THREE PARTICIPATING STATES (AR, OR, AND WI) ENGAGED STAKEHOLDERS, DEVELOPED PROFILES, AND BEGAN UTILIZATION. TO-DATE, STATES HAVE USED DATA FROM THEIR PROFILES TO INCREASE AND TARGET STATEWIDE HCV TESTING, GUIDE STATE-LEVEL POLICY RECOMMENDATIONS (E.G., MEDICAID TREATMENT COVERAGE, NALOXONE AVAILABILITY), AND EDUCATE PUBLIC HEALTH AND MEDICAL PROFESSIONALS. ASTHO AND CDC ARE SYNTHESIZING FINDINGS FROM THE PILOT FOR EXPANSION TO OTHER STATES. ASTHO ALSO CONTINUED TO UPDATE AND PROMOTE THE WEB-BASED HEPATITIS C BIRTH COHORT TESTING COMMUNICATIONS TOOLKIT. THIS TOOLKIT IS A REPOSITORY OF GUIDELINES, RECOMMENDATIONS, PROVIDER AND PUBLIC EDUCATION TOOLS, AND INFORMATIONAL VIDEOS DESIGNED TO HELP HEALTH OFFICIALS COMMUNICATE ABOUT THE TESTING RECOMMENDATIONS. NEW RESOURCES THIS YEAR INCLUDE TWO STATE "HAVE YOU SHARED?" STORIES AND SAMPLE INNOVATIVE APPROACHES TO IMPLEMENTING THE RECOMMENDATIONS. ONGOING PUBLIC HEALTH PREPAREDNESS ACTIVITIES - ASTHO'S PREPAREDNESS TEAM CONTINUES TO SUPPORT MEMBER EFFORTS TO INCREASE READINESS FOR A WIDE ARRAY OF PUBLIC HEALTH THREATS. THOSE WORTHY OF NOTE THIS YEAR INCLUDE THE USE OF FLU ON CALL FOR POSSIBLE SEASONAL INFLUENZA ACTIVATION - ASTHO CONTINUES TO PROVIDE LEADERSHIP AND SUPPORT TO THE CDC FLU ON CALL PROJECT (THE USE OF POISON CONTROL CENTERS AND 2-1-1 CALL CENTERS DURING AN INFLUENZA PANDEMIC). PLANNING FOR THE PROJECT NOW INCLUDES CONSIDERATION FOR A POSSIBLE ACTIVATION DURING A SEVERE SEASONAL FLU SEASON IN ADDITION TO A PANDEMIC ACTIVATION. TO ENHANCE THIS PLANNING, ASTHO IS WORKING WITH THE FLU ON CALL PARTNERS FOR A PANDEMIC ACTIVATION EXERCISE IN SEPTEMBER WITH 16 STATES AND A SEASONAL DEMONSTRATION PROJECT IN JANUARY WITH THREE STATES. PUBLIC HEALTH WILL HAVE A SIGNIFICANT ROLE IN THE "HOT WASH" EVALUATION OF THE EXERCISE TO ASSESS FEASIBILITY AND INFORM THE FUTURE DEVELOPMENT OF PLANS FOR WIDE SPREAD USE. EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC) REQUESTS FOR INDIANA HIV OUTBREAK RESPONSE - THE LARGESCALE RESPONSE TO THE HIV OUTBREAK IN INDIANA DEMONSTRATED THE SUCCESS OF THE ENHANCED PARTNERSHIP BETWEEN PUBLIC HEALTH AND EMERGENCY	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B (CONT)	<p>MANAGEMENT REQUESTS FOR EPIDEMIOLOGICAL SUPPORT WERE SEAMLESSLY PLACED AND FILLED THROUGH THE EMAC SYSTEM, DEMONSTRATING ANOTHER REAL-WORLD APPLICATION OF THIS WELL-ESTABLISHED STATE-TO-STATE MUTUAL AID SYSTEM FOR PUBLIC HEALTH EMERGENCIES BEYOND NATURAL DISASTERS. PHEP AND HPP IMPACTS PROJECT - ASTHO LED A JOINT EFFORT WITH CDC AND ASPR TO VIGOROUSLY ASSESS AND COMMUNICATE THE IMPACTS OF BOTH THE CDC PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) AND HHS HOSPITAL PREPAREDNESS PROGRAM (HPP) COOPERATIVE AGREEMENTS ON STATE AND LOCAL READINESS. A PROJECT KICKOFF MEETING WAS HELD IN EARLY SUMMER TO DEVELOP KEY MESSAGES WHICH ARE CURRENTLY BEING REFINED. ASTHO WILL RECONVENE STAKEHOLDERS AND PARTNER ORGANIZATIONS IN SEPTEMBER TO DEVELOP COMMUNICATION STRATEGIES AND TOOLS ADVANCING PREPAREDNESS PARTNERSHIPS. SIGNIFICANT PROGRESS HAS BEEN MADE THIS PAST YEAR IN FORGING RELATIONSHIPS AND STRENGTHENING COMMUNICATION, COORDINATION, AND COLLABORATION EFFORTS WITH KEY PARTNERS THAT SHARE THE MISSION SPACE OF HEALTH SECURITY AND PUBLIC HEALTH PREPAREDNESS. EXAMPLES INCLUDE NATIONAL EMERGENCY MANAGEMENT ASSOCIATION (NEMA) - ASTHO'S ESTABLISHED PARTNERSHIP WITH NEMA EXPANDED DURING THIS YEAR AS THE JOINT POLICY WORKGROUP CONDUCTED AN EVALUATION OF THE EBOLA RESPONSE AND EACH ORGANIZATION PROVIDED A MEMBER TO PRESENT AT THE ORIENTATION SESSION OF THE OTHER'S NEW MEMBERSHIP. ASTHO AND NEMA CONTINUED A SECOND YEAR OF DEVELOPING MISSION-READY PACKAGING FOR EMAC DEPLOYMENT. THERE ARE NOW 16 PUBLIC HEALTH MISSION-READY PACKAGES AVAILABLE FOR USE, AND ASTHO HAS BEEN ACTIVE IN PROMOTING THEM TO PUBLIC HEALTH AND EMERGENCY MANAGEMENT PRACTICE COMMUNITIES. NATIONAL GOVERNORS' ASSOCIATION HOMELAND SECURITY ADVISORY COUNCIL (GHSAC) - ASTHO CONDUCTED A JOINT POLICY MEETING WITH MEMBERS OF THE GHSAC TO IDENTIFY AREAS OF COMMON INTEREST AND PROVIDE UPDATES ON CURRENT FOCUS AREAS. THE MEETING RESULTED IN A LIST OF ACTION ITEMS FOR EACH ASSOCIATION AND DISCUSSION CONTINUES ABOUT AN ONGOING WORKGROUP AND POTENTIAL CONNECTIONS WITH NEMA. NATIONAL HOMELAND SECURITY CONSORTIUM (NHSC) - WHILE ASTHO HAS BEEN A MEMBER OF THE NHSC SINCE INCEPTION, ITS ROLE HAS EXPANDED AS THE RECOGNITION OF THE IMPORTANCE OF PUBLIC HEALTH HAS GROWN. ASTHO IS NOW ONE OF THE TRI-CHAIRS OF THE CONSORTIUM (JOHN DREY ZEHNER (TN)), A FIRST FOR ASTHO AND FOR PUBLIC HEALTH, AS NHSC HAS TRADITIONALLY BEEN A LAW ENFORCEMENT-CENTRIC ORGANIZATION. ASTHO HELPED TO LEAD THE NHSC'S EBOLA REVIEW AND MORE RECENTLY LED A DISCUSSION ON HIGHLY PATHOGENIC AVIAN INFLUENZA. PUBLICATIONS: HERMANN J, BLUMENSTOCK JS. "GLOBAL HEALTH SECURITY: TRAINING A PUBLIC HEALTH WORKFORCE TO COMBAT INTERNATIONAL AND DOMESTIC THREATS." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014; 20(5): 118-9. HADLER JL, PATEL D, BRADLEY K, HUGHES JM, BLACKMORE C, ETKIND P, KAN L, GETCHELL J, BLUMENSTOCK J, ENGEL J. "NATIONAL CAPACITY FOR SURVEILLANCE, PREVENTION, AND CONTROL OF WEST NILE VIRUS AND OTHER ARBOVIRUS INFECTIONS, UNITED STATES, 2004 AND 2012." MORTALITY AND MORBIDITY WEEKLY REPORT. 2014; 63(13): 281-284. THIS ARTICLE FROM THE MORTALITY AND MORBIDITY WEEKLY REPORT FROM APRIL 4TH DISCUSSES CHANGES IN STATE'S CAPACITY FOR SURVEILLANCE, PREVENTION, AND CONTROL OF WEST NILE VIRUS AND OTHER ARBOVIRUS INFECTIONS AT THE STATE LEVEL FROM 2004 THROUGH 2012. JORSTAD C. "INFECTION CONTROL AND PUBLIC HEALTH AGENCIES: THE MERS VIRUS." AMERICAN JOURNAL OF MANAGED CARE [SERIAL ONLINE]. 2014; VOLUME 20. ACCESSED 1-30-2015. SANTIBANEZ S, SIEGEL V, O'SULLIVAN M, LACSON R, JORSTAD C. "HEALTH COMMUNICATIONS AND COMMUNITY MOBILIZATION DURING AN EBOLA RESPONSE: PARTNERSHIPS WITH COMMUNITY AND FAITH-BASED ORGANIZATIONS." PUBLIC HEALTH REPORTS. 130: 1-6.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>THE MEMBERS OF THE ASSOCIATION SHALL BE THE CHIEF HEALTH OFFICIAL OF THE PUBLIC HEALTH AGENCY OF EACH STATE, TERRITORY, OR POSSESSION OF THE UNITED STATES, AS SPECIFIED BY LAW, OR AS DESIGNATED BY THE CHIEF EXECUTIVE OF EACH STATE, TERRITORY, OR POSSESSION. THE CHIEF HEALTH OFFICIAL MAY DELEGATE ANOTHER FULL-TIME EMPLOYEE OF THE OFFICIAL HEALTH AGENCY TO REPRESENT THAT AGENCY IN ASTHO ACTIVITIES IN HIS OR HER ABSENCE. SUCH A DELEGATED OFFICIAL SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF MEMBERSHIP VESTED IN THE CHIEF HEALTH OFFICIAL. THE ASSEMBLY OF MEMBERS SHALL SERVE AS THE POLICY MAKING BODY OF THE ASSOCIATION, AND SHALL CONSIST OF ALL ELIGIBLE VOTING MEMBERS OF THE ASSOCIATION, AS PROVIDED BY THE BYLAWS. ELIGIBLE VOTING MEMBERS OF THE ASSOCIATION SHALL BE THE CURRENTLY SERVING CHIEF HEALTH OFFICIAL OF THE PUBLIC HEALTH AGENCY OF EACH STATE, TERRITORY, POSSESSION OR FREELY ASSOCIATED STATE OF THE THE UNITED STATES, AS SPECIFIED BY LAW, OR AS DESIGNATED BY THE CHIEF EXECUTIVE OF EACH STATE, TERRITORY, POSSESSION, OR FREELY ASSOCIATED STATE OF THE UNITED STATES.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERSHIP ELECTS THE VOTING MEMBERS OF THE GOVERNING BODY ANNUALLY

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS ANNUALLY DISTRIBUTED AND SIGNED BY THE DIRECTORS, OFFICERS, AND SENIOR STAFF MEMBERS 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 BOARD WHO HAS FINAL AUTHORITY ON RESOLUTION OF CONFLICTS OF INTEREST FOR ITS MEMBERS, INCLUDING EXPULSION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS OF DETERMINING CEO COMPENSATION INCLUDED REVIEW OF FORM 990 OF OTHER ORGANIZATIONS, A WRITTEN EMPLOYMENT CONTRACT, COMPENSATION STUDIES/SURVEYS AS WELL AS APPROVAL BY THE BOARD. ASTHO'S INTERNAL COMPENSATION PLAN, WHICH IS BASED ON PUBLISHED SALARY SURVEYS, WAS USED TO DETERMINE SALARIES FOR TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY EMPLOYEES.

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL AND CONSULTING FEES PROGRAM SERVICE EXPENSES 2,583,769 MANAGEMENT AND GENERAL EXPENSES 474,649 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,058,418 FEES FOR SERVICES PROGRAM SERVICE EXPENSES 114,283 MANAGEMENT AND GENERAL EXPENSES 174,452 FUNDRAISING EXPENSES 6,618 TOTAL EXPENSES 295,353