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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/foi *form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Association of State and Territorial Health Officials

Doing business as

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

Room/suite

2231 Crystal Drive No 450

City or town, state or province, country, and ZIP or foreign postal code

Arlington, VA 22202

F Name and address of principal officer

MICHAEL FRASER

2231 Crystal Drive No 450

Arlington, VA 22202

H(a) Is this a group return for subordinates?

No

☐ Yes ☒

H(b) Are all subordinates included?

If "No," attach a list (see instructions)

☐ Yes ☐ No

H(c) Group exemption number

D Employer identification number

35-1044487

E Telephone number

(202) 371-9090

G Gross receipts \$ 24,018,887

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.astho.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1942

M State of legal domicile DC

Part I Summary				
Activities & Governance	<div><div>1 Briefly describe the organization's mission or most significant activities</div><div>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</div><div></div><div></div><div></div></div>			
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	133
Revenue	6	Total number of volunteers (estimate if necessary)	6	17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	24,099,812	23,851,216
Expenses	9	Program service revenue (Part VIII, line 2g)	134,299	144,510
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,323	4,070
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,195	19,091
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,297,629	24,018,887
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,053,077	4,612,662
Net Assets or Fund Balances	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,240,061	11,751,621
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶67,655		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,582,048	8,554,378
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,875,186	24,918,661
	19	Revenue less expenses Subtract line 18 from line 12	-577,557	-899,774
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	8,203,111	9,942,264
	21	Total liabilities (Part X, line 26)	6,065,767	8,704,694
	22	Net assets or fund balances Subtract line 21 from line 20	2,137,344	1,237,570

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

JOHN MERICKSO COO

Type or print name and title

2017-08-14

Date

Paid Preparer Use Only

Prnt/Type preparer's name

Scott Denlinger

Preparer's signature

Scott Denlinger

Date

Check ☐ if self-employed

PTIN P00740770

Firm's name ▶ CHERRY BEKAERT LLP

Firm's EIN ▶ 56-0574444

Firm's address ▶ 4600 EAST WEST HWY STE 200

Phone no (301) 951-3636

Bethesda, MD 20814

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III **Statement of Program Service Accomplishments**

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

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? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$ 6,878,135 including grants of \$ 1,971,187) (Revenue \$) See Additional Data
4b	(Code) (Expenses \$ 6,272,083 including grants of \$ 1,009,549) (Revenue \$ 41,852) See Additional Data
4c	(Code) (Expenses \$ 5,089,022 including grants of \$ 349,380) (Revenue \$) See Additional Data See Additional Data
4d	Other program services (Describe in Schedule O) (Expenses \$ 6,602,266 including grants of \$ 1,282,545) (Revenue \$ 102,658)
4e	Total program service expenses ▶ 24,841,506

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part I			
25a		25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.	1a	53	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	133	
b	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).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	1a	13	
	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	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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	Yes	
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 checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input 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 ►KOUDEDIA SISSOKO 2231 Crystal Drive No 450 Arlington, VA 22202 (202) 371-9090	

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

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 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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,167,167	0	357,061

2

		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

(A) Name and business address	(B) Description of services	(C) Compensation
THE KEYSTONE POLICY CENTER 1628 STS JOHN ROAD KEYSTONE, CO 80435	CONSULTING	425,115
PORTER NOVELLI INC 1838 SOLUTIONS CENTER CHICAGO, IL 606771008	COMMUNICATIONS	247,544
FS Taylor & Associates PC 1420 N Street NW Suite 100 Washington, DC 20005	Financial Consultant	223,250
Amercan Technology Services Prosperity Avenue 6th Floor Fairfax, VA 22031	Systems Support	193,515
Cornerstone Government Affairs 300 Independence Avenue SE Washington, DC 20003	Lobbying Consultant	180,000

2

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	1,469,697				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	20,388,181				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,993,338				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f ▶		23,851,216				
Program Service Revenue	2a	Meeting Registrations	Business Code 900099	144,510	144,510			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶		144,510				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		4,070			4,070
4		Income from investment of tax-exempt bond proceeds . . ▶						
5		Royalties ▶						
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss) ▶						
7a		(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	19,091			19,091	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶			19,091				
12	Total revenue. See Instructions ▶			24,018,887	144,510	0	23,161	

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

☒

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	4,590,662	4,590,662		
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	22,000	22,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	9,097,120	6,666,776	2,398,980	31,364
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,654,501	1,990,711	654,425	9,365
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	41,590		41,590	
c	Accounting	36,643		36,643	
d	Lobbying	180,112	180,112		
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)	3,142,365	2,432,279	710,086	
12	Advertising and promotion				
13	Office expenses	538,780	231,785	288,335	18,660
14	Information technology	789,377	619,295	170,082	
15	Royalties				
16	Occupancy	980,927	54,705	926,222	
17	Travel	1,614,568	1,464,425	150,040	103
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	602,192	458,423	137,540	6,229
20	Interest	26,769		26,769	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	224,918		224,918	
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	231,293	90,124	141,049	120
b	dues and Subscriptions	144,844	117,959	25,071	1,814
c	Allocation of G&A	0	5,922,250	-5,922,250	
d	. . . . .			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	24,918,661	24,841,506	9,500	67,655
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		3,042,513	2	2,225,638
	3	Pledges and grants receivable, net		3,547,197	3	6,259,084
	4	Accounts receivable, net		415,555	4	317,912
	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		174,092	9	340,941
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 2,463,940			
	b	Less: accumulated depreciation	10b 1,816,521	842,402	10c	647,419
	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		181,052	15	150,970
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,203,111	16	9,942,264
Liabilities	17	Accounts payable and accrued expenses		3,229,141	17	3,580,573
	18	Grants payable			18	
	19	Deferred revenue		1,739,820	19	3,858,496
	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		590,149	23	497,147
	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		506,657	25	768,478
	26	Total liabilities. Add lines 17 through 25		6,065,767	26	8,704,694
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		2,137,344	27	1,237,570
	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		2,137,344	33	1,237,570
	34	Total liabilities and net assets/fund balances		8,203,111	34	9,942,264

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	24,018,887
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,918,661
3	Revenue less expenses Subtract line 2 from line 1	3	-899,774
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,137,344
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	1,237,570

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 4a

4a	(Code) (Expenses \$ 6,878,135 including grants of \$ 1,971,187) (Revenue \$)
	COMMUNITY HEALTH AND DISEASE PREVENTION - SEE SCHEDULE OCOMMUNITY HEALTH AND DISEASE PREVENTION ASTHO'S PREVENTION PROGRAM SUPPORTS STATE AND TERRITORIAL PUBLIC HEALTH AGENCIES TO BUILD THEIR CAPACITY TO ADDRESS AMERICA'S MAJOR HEALTH PROBLEMS AND THE LEADING CAUSES OF DEATH AND DISABILITY THE FIVE PRIMARY SECTIONS ARE FAMILY AND CHILD HEALTH, MATERNAL AND INFANT HEALTH IMPROVEMENT, CHRONIC DISEASE PREVENTION, HEALTH IMPROVEMENT, AND INJURY PREVENTION HIGHLIGHTS OF THIS YEAR'S WORK INCLUDED THE EXPANSION OF INCREASING ACCESS TO CONTRACEPTION LEARNING COMMUNITY TO INCLUDE 27 STATES AND TERRITORY AS WELL AS THE NINE FOCUS AREAS IDENTIFIED TO IMPLEMENT AND EVALUATE STATE EFFORTS VIA THE CONSTRUCTS OF IMPLEMENTATION SCIENCE ASTHO ALSO SUPPORTED STATES IN THEIR EFFORTS TO IMPROVE HEALTH OUTCOMES AND PREVENT OPIOID MISUSE, ABUSE AND DIVERSION VIA THE IMPLEMENTATION OF ACTIVITIES THAT PROMOTE COORDINATION AND INTEGRATION ACROSS MULTIPLE AGENCIES AND SERVICE SYSTEMS, ENHANCED THE CAPACITY OF STATE HEALTH AGENCY TOBACCO PREVENTION PROGRAMS TO IMPROVE TOBACCO-RELATED POLICIES AND PRACTICE, FOSTER ENVIRONMENTAL, CULTURAL AND SYSTEMS CHANGE, AND SERVE AS A RESOURCE TO STATE HEALTH AGENCIES ON TOBACCO-RELATED INITIATIVES, SUPPORTED PUBLIC HEALTH AGENCIES IN PREVENTING HEART ATTACKS AND STROKES THROUGH THE IDENTIFICATION OF BEST AND PROMISING PUBLIC HEALTH INTERVENTIONS FOR PREVENTION AND EARLY IDENTIFICATION OF HEART DISEASE AND LINKING WITH CRITICAL CARE

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 6,272,083 including grants of \$ 1,009,549) (Revenue \$ 41,852)

HEALTH SECURITY - SEE SCHEDULE OHEALTH SECURITY THE HEALTH SECURITY TEAM FOCUSES ON HEALTH EMERGENCIES SUCH AS NATURAL DISASTERS, PANDEMICS, DELIBERATE ATTACKS, ENVIRONMENTAL CATASTROPHES, AND OTHER HEALTH THREATS AND IS COMPRISED OF THREE SEPARATE BUT INTEGRATED TEAMS PREPAREDNESS, INFECTIOUS DISEASES AND IMMUNIZATON SERVICES, ENVIRONMENTAL HEALTH MAJOR ACTIVITIES AND ACCOMPLISHMENTS IN 2016 INCLUDED SUPPORTING THE NATION'S PREPAREDNESS AND RESPONSE EFFORTS TO ZIKA VIRUS DISEASE AND OTHER VECTOR BORNE THREATS, ENHANCING STATE AND TERRITORIAL PUBLIC HEALH AND HEALTHCARE PREPAREDNESS AND RESPONSE CAPACITY AND CAPABILITIES THROUGH THE PROVISION OF ALL- HAZARDS TECHNICAL ASSISTANCE, SERVING AS SECRETARIAT TO THE NATIONAL ALLIANCE FOR RADIATION READINESS, MAINTAINING STRONG AND EFFECTIVE RELATIONSHIPS WITH KEY FEDERAL AGENCIES SUCH AS THE CDC AND THE DEPARTMENT OF HOMELAND SECURITY (OFFICE OF HEALTH AFFAIRS) AND PRACTICE PARTNERS SUCH AS THE NATIONAL EMERGENCY MANAGEMENT ASSOCIATION AND NATIONAL GOVERNORS' ASSOCIATION'S HOMELAND SECURITY ADVISORS, DEVELOPING AND PROVIDING USEFUL RESOURCES ON EXTREME WEATHER AND CLIMATE READINESS AND WILDFIRE SMOKE, BUILT AND SUSTAINED PARTNERSHIPS AND PRODUCED PLANNING AND EDUCATIONAL RESOURCES ON MITIGATING THE IMPACT OF SEASONAL AND PANDEMIC INFLUENZA ON VULNERABLE POPULATIONS, AND PROVIDED A PORTFOLIO OF SERVICES TARGETED AND HEALTHCARE ASSOCIATED INFECTIONS AND ANTIMICROBIAL RESISTANCE INCLUDING PREVENTION STRATEGIES AND COMMUNICATIONS TOOLKITS AND CO-ADMINISTERING THE COUNCIL FOR OUTBREAK RESPONSE HEALTHCARE ASSOCIATED INFECTIONS AND ANTIMICROBIAL RESISTANT PATHOGENS (CORHA)

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 5,089,022 including grants of \$ 349,380) (Revenue \$)

HEALTH SYSTEMS TRANSFORMATION - SEE SCHEDULE O
HEALTH SYSTEMS TRANSFORMATION THE HEALTH SYSTEMS TRANSFORMATION PROGRAM AREA FOCUSES ON BUILDING STATE, TERRITORIAL, AND INSULAR AREA LEADERSHIP, CAPACITY BUILDING, AND ADVOCACY TO ADVANCE PUBLIC HEALTH POLICY, PROCESSES, AND INFRASTRUCTURE IMPROVMENTS THAT SUPPORT STATE HEALTH SYSTEM REFORM AND TRANSFORMATION EFFORTS USING THE TRIPLE AIM AS A GUIDE, THE FOUR PRIMARY PROGRAM SECTIONS ARE INTEGRATION, STATE HEALTH POLICY, HEALTH INFORMATICS, AND HEALTH EQUITY HIGHLIGHTS OF THIS YEAR'S WORK INCLUDED DEVELOPING ADVANCES IN STATE PUBLIC HEALTH POLICY WITH CROSS-CUTTING STRATEGIES TO BRING GREATER INTEGRATION WITH HEALTH CARE SYSTEM, TRACKING AND MONITORING TIMELY AND CURRENT STATE HEALTH POLICY OF INTEREST AND IMPORTANCE TO STATE HEALTH OFFICIALS AND THEIR EXECUTIVE TEAMS, CREATING TOOLS AND RESOURCES FOR STATES TO ADVANCE HEALTH EQUITY AND POPULATION HEALTH IMPROVEMENT, ADVANCING STATE INFORMATICS CAPACITY AND TECHNICAL INFRASTRUCTURE FOR CUTTING-EDGE SURVEILLANCE, HEALTH DATA ANALYSIS AND IMPROVED BIDIRECTIONAL DATA EXCHANGES WITH HEALTH CARE AND OTHER STAKEHOLDERS

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

(Code	) (Expenses \$	1,822,353	including grants of \$	469,277) (Revenue \$)
CROSS-CUTTING PROGRAMS - SEE SCHEDULE OCROSS-CUTTING PROGRAMS THIS WORK WILL ADDRESS THE HIGHEST PRIORITIES OF THE SELECTED TARGET POPULATION - STATE HEALTH OFFICIALS (SHO) AND OTHER STATE HEALTH AGENCY (SHA) LEADERS, WITH A PARTICULAR EMPHASIS ON SENIOR DEPUTIES AND STATE LEGISLATIVE LIAISONS THROUGH PROPOSED WORK WITH THE ASTHO AFFILIATE COUNCIL, CBA - PARTICULARLY IN WORKFORCE DEVELOPMENT, HEALTH EQUITY, AND INTEGRATING PUBLIC HEALTH AND CLINICAL MEDICINE - WILL BENEFIT PUBLIC HEALTH NURSES, EPIDEMIOLOGISTS, LABORATORIANS, PUBLIC INFORMATION OFFICERS, SOCIAL WORKERS, HEALTH EDUCATORS, HEALTH FACILITY SURVEYORS, AND DIRECTORS OF MATERNAL AND CHILD HEALTH, CHRONIC DISEASE, INJURY PREVENTION, MINORITY HEALTH, VITAL STATISTICS, HIV/AIDS, STD, DENTAL, NUTRITION, VECTOR CONTROL, AND EMERGENCY MEDICAL SERVICES PROGRAMS IN THE US TERRITORIES AND FREELY ASSOCIATED STATES, NUMEROUS CHALLENGES EXIST IN HEALTHCARE SERVICES DELIVERY HEALTH AGENCY STAFF ARE FEW IN NUMBER, AND CURRENT STAFF ARE OFTEN UNDER-TRAINED IN THE AREAS OF PROGRAM ADMINISTRATION, FINANCIAL MANAGEMENT, AND SYSTEMS-THINKING UNLOCKING THE POTENTIAL OF PUBLIC HEALTH PREVENTION, CONTROL AND PROGRAM MANAGEMENT THROUGH PLANNING AND CAPACITY-BUILDING ASSISTANCE HAS A STRONG LIKELIHOOD OF IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF HEALTH AGENCIES, RESULTING IN IMPROVED HEALTH STATUS FOR THE POPULATIONS THAT THOSE HEALTH AGENCIES SERVE THIS PROJECT WILL BUILD STATE, TERRITORIAL, AND LOCAL PUBLIC HEALTH AGENCY CAPACITY TO COMMUNICATE PUBLIC HEALTH ASPECTS OF EMERGENCIES AND DISASTERS TO THE PUBLIC AND ACROSS THE PUBLIC HEALTH ENTERPRISE THIS PROJECT WOULD LAY THE GROUNDWORK TO ENSURE CDC'S NATIONAL COMMUNICATION WORK AND PLATFORMS ARE LINKED TO STATE, LOCAL AND TERRITORIAL COMMUNICATION WORK AND PLATFORMS THE EFFORT WOULD ALLOW CDC TO CROSS-PROMOTE STATE AND TERRITORIAL WORK ALONGSIDE CDC'S WORK WITH THE GOAL OF RAISING THE PROFILE OF AND THE UNDERSTANDING OF THE IMPORTANCE OF EMERGENCY PREPAREDNESS AND RESPONSE WORK ACROSS THE NATION					
(Code	) (Expenses \$	890,436	including grants of \$	89,307) (Revenue \$)
MEMBER ENGAGEMENT					

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

(Code	) (Expenses \$	1,976,433	including grants of \$	723,961	) (Revenue \$)
SCIENCE & STRATEGY						

(Code	) (Expenses \$	1,312,473	including grants of \$		) (Revenue \$	102,658)
MEMBER SERVICES						

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

(Code	) (Expenses \$	600,571	including grants of \$	) (Revenue \$
PUBLIC POLICY				

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			
JAY BUTLER PRESIDENT	2 50	X		X				0	0	0
EDWARD P EHLINGER IMMEDiate Past President	1 50	X		X				0	0	0
JOHN M WIESMAN SEcretary-Treasurer	1 50	X		X				0	0	0
NICOLE ALEXANDER-SCOTT REGION 1 REPRESENTATIVE	1 00	X						0	0	0
HOWARD A ZUCKER REGION II REPRESENTATIVE	1 00	X						0	0	0
MARISSA LEVINE REGION III REPRESENTATIVE	1 00	X						0	0	0
MARY CURRIER REGION IV REPRESENTATIVE	1 00	X						0	0	0
KAREN MCKEOWN REGION V REPRESENTATIVE	1 00	X						0	0	0
NATHANIEL SMITH REGIONAL VI REPRESENTATIVE	1 00	X						0	0	0
GERD W CLABAUGH REGION VII REPRESENTATIVE	1 00	X						0	0	0

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			
MYLYNN TOFTE REGION VIII REPRESENTATIVE	1 00	X						0	0	0
JAMES W GILLAN REGION IX REPRESENTATIVE	1 00	X						0	0	0
ELKE SHAW-TULLOCH REGION X REPRESENTATIVE	1 00	X						0	0	0
MICHAEL FRASIER EXecutive Director	37 50	X		X				31,154	0	225
DAVID COTE ASsociate Exec Director	37 50			X				218,889	0	33,751
PAUL E JARRIS IMMEDIATE PAST EXEC DIRECTOR	37 50				X			237,384	0	32,329
SHARON Moffatt CHIEF PROGRAM OFFICER	37 50				X			270,946	0	33,216
JAMES S blumenstock CHIEF PROGRAM OFFICER	37 50				X			226,705	0	36,156
LISA Waddell CHIEF PROGRam Officer	37 50				X			192,469	0	43,691
MELIssa Ferguson CHIEF PROGRam Officer	37 50				X			176,106	0	13,957

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			
SHAWNnck Polk CHIEF PROGRAM Officer	37 50				X			151,822	0	26,123
PAULA SOPER CHIEF PROGRAM Officer	37 50					X		134,965	0	16,078
DIANE COONTZ SENIor Director	37 50					X		134,590	0	32,123
ELIZABETH WALKER SENIOR Director	37 50					X		132,023	0	29,867
KARL ENSIGN CHIEF PROGRAM Officer	37 50					X		130,538	0	32,105
SCOTT BRISCOE SENIor Director	37 50					X		129,576	0	27,440

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

2015

Open to Public Inspection

Name of the organization Association of State and Teritorial Health Officials	Employer identification number 35-1044487
--	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	17,920,617	18,246,422	23,272,385	24,099,812	23,851,216	107,390,452
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,920,617	18,246,422	23,272,385	24,099,812	23,851,216	107,390,452
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,497,815
6 Public support. Subtract line 5 from line 4						101,892,637

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	17,920,617	18,246,422	23,272,385	24,099,812	23,851,216	107,390,452
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,716	5,366	5,411	5,323	4,070	25,886
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)	18,696	22,787	9,012	58,195	19,091	127,781
11 Total support. Add lines 7 through 10						107,544,119
12 Gross receipts from related activities, etc (see instructions)					12	691,285
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					<input type="checkbox"/>	

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14 94 740 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15 93 390 %
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>
b	33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2015. 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	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2014. 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	<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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-
2				
3				
4				
5				
6				

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)	23,488													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	187,923													
c	Total lobbying expenditures (add lines 1a and 1b)	211,411													
d	Other exempt purpose expenditures	24,707,250													
e	Total exempt purpose expenditures (add lines 1c and 1d)	24,918,661													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	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?														

☒ **Y e s** ☐ **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)2012	(b)2013	(c)2014	(d)2015	(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	265,783	244,975	254,308	211,411	976,477
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	26,578	24,497	28,254	23,488	102,817

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 on 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).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to 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
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on 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" on 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" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div></div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div>
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
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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
4	Number of states where property subject to conservation easement is located ►
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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" on 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 on 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 on Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 on 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" on 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	418,585	61,901
d Equipment		1,064,721	781,209	283,512
e Other		918,733	616,727	302,006
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				647,419

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
	Federal income taxes	
	Capital Lease Obligations	47,500
	Deferred Rent Liability	720,978

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

1	Total revenue, gains, and other support per audited financial statements	1	24,018,887
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	24,018,887
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	24,018,887

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

1	Total expenses and losses per audited financial statements	1	24,918,661
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	24,918,661
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	24,918,661

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-1044487
Name: Association of State and Territorial
Health Officials

Supplemental 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, 2016 and 2015, ASTHO has documented its consideration of FASB ASC 740-10, Income Taxes, that provides guidance for reporting uncertainty in income taxes and has determined that no material uncertain tax positions qualify for either recognition or disclosure in the financial statements. The Federal Form 990, Return of Organization Exempt from Income Tax, is subject to examination by the Internal Revenue Service, generally for three years after it is filed.

SCHEDULE 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

2015

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 Activities 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
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	PROGRAM SERVICES	GRANT MAKING	22,000
3a Sub-total	0	0			22,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			22,000

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)
			East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	Million Hearts - State and Local hypertension focused model development	22,000				

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.

[illegible]

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.

Open to Public Inspection

35-1044487

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alabama Department of Public Health PO Box 303017 Montgomery,AL 361303017	63-0937081	115	13,454				Million Hearts - State and Local hypertension focused model development
Alaska Department of Health and Social Services 3601 C Street Suite 322 Anchorage,AK 995035923	92-6001185	501(c)(3)	12,022				Building State Health Agency Capacity for Breastfeeding Promotion & SUPPORT
ALASKA DIVISION OF PUBLIC ASSISTANCE PO BOX 110612 JUNEAU,AK 99801	92-6001185	501(c)(3)	11,456				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 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 Obstetricians Gynecologists 409 12th Street SW Washington, DC 20024	36-2217981	501(c)(3)	210,921				Vulnerable Populations Planning Mitigating the Impact of Seasonal & Pandemic INFLUENZA ON OUR MOST VULNERABLE POPULATIONS
American College of Nurse-Midwives 8403 Colesville Road Suite 1550 Silver Spring, MD 20910	74-1685515	501(c)(3)	78,000				Vulnerable Populations Planning Mitigating the Impact of Seasonal & Pandemic INFLUENZA ON OUR MOST VULNERABLE POPULATIONS
ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W ADAMS SUITE 302 PHOENIX, AZ 85007	86-6004791	115	55,035				ENVIRONMENTAL PUBLIC HEALTH TRACKING PEER-TO-PERR FELLOWSHIP PROGRAM

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arkansas Dept of Health 4815 West Markham St Slot 57 Little Rock, AR 72205	71-6007358	115	202,899				Million Hearts - State and Local hypertension focused model development
Assn of Public Health Laboratories 8515 Georgia Ave Suite 700 Silver Springs, MD 20912	52-1800436	501(c)(3)	248,873				Public Health Platform
Assoc of Public Health Nurses 110 A Northwoods Blvd Columbus, OH 43235	45-5628490	501(c)(3)	9,250				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 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
Association of American Indian Physicians 1225 Sovereign Row Suite 103 Oklahoma City, OK 73108	23-7296826	501(c)(3)	72,412				Vulnerable Populations Planning Mitigating the Impact of Seasonal & Pandemic INFLUENZA ON OUR MOST VULNERABLE POPULATIONS
Breastfeeding Hawaii PO Box 30142 Honolulu, HI 96820	61-1636900	501(c)(3)	16,431				Building State Health Agency Capacity for Breastfeeding Promotion and Support
CITY OF MILWAUKEE HEALTH DEPARTMENT 841 N BROADWAY 3RD FLOOR MILWAUKEE, MI 53202	39-6005532	115	41,617				FLU ON CALL DEMONSTRATION

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 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
Coalition of Oklahoma Breastfeeding Advocates 4 NE 10th St PMB 188 Oklahoma City,OK 73104	46-2664843	501(c)(3)	29,203				Building State Health Agency Capacity for Breastfeeding Promotion and Support
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT 4300 CHERRY CREEK DRIVE SOUTH BLDG A 5TH FLOOR DENVER,CO 80246	84-0644739	115	148,508				BUILDING STATE HEALTH AGENCY CAPACITY DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
COMMONWEALTH HEALTHCARE CORP 1 LOWER NAVY HILL ROAD SAIPAN,MP 96950	66-0774364	115	51,000				CLIMATE-READY TERRITORIES (CLIMATE AND HEALTH CAPACITY BUILDING FOR TERRITORIAL HEALTH AGENCIES)

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 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
COMMONWEALTH OF PENNSYLVANIA PO BOX 1467 HARRISBURG,PA 17105	23-6003104	115	6,898				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
Connecticut Dept of Public Health PO Box 340308 Hartford,CT 061340308	06-6000798	115	27,532				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
Emory University PO Box 935084 Atlanta,GA 311935084	58-0566256	501(c)(3)	216,991				Pandemic Influenza Communication Partnership

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 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
Foundation for Healthy Communities 125 Airport Road Concord, NH 03301	02-0275078	501(c)(3)	14,357				Building State Health Agency Capacity for Breastfeeding Promotion and Support
Georgia Dept of Public Health 2 Peachtree St NW 15th Floor Atlanta, GA 303033142	90-0676388	115	96,598				Million Hearts - State and Local hypertension focused model development
ICF-Macro Inc PO Box 536259 Pittsburgh, PA 152535904	52-0955232	501(c)(3)	102,384				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 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 Health 525 West Jefferson Street 1st Floor Springfield, IL 62761	01-0632628	115	9,311				Building State Health Agency Capacity for Breastfeeding Promotion and Support MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
INDIANA STATE DEPT OF HEALTH 2 N MERIDIAN STREET INDIANAPOLIS, IN 46204	35-6000158	115	128,914				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
Int'l Society for Disease Surveillance 136 Harrison Avenue Boston, MA 02111	20-3805298	501(c)(3)	74,781				BioSense 2.0

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 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
IOWA DEPARTMENT OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES,IA 50319	42-6004523	115	35,420				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
Kansas Dept of Health & Environment 1000 SW Jackson Suite 450 Topeka,KS 66612	48-6029925	115	39,232				Million Hearts - State and Local hypertension focused model development
LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS PO BOX 91030 BIENVILLE BLDG 776 BATON ROUGE,LA 708219030	72-6000821	115	15,885				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

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 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
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH 250 WASHINGTON STREET BOSTON, MA 021084720	04-6002284	115	34,990				BUILDING CAPACITY IN MATERNAL AND CHILD HEALTH PROGRAMS AND POLICIES
Medical Society of Delaware 900 Prides Crossing Newark, DE 19713	51-0061011	501(c)(3)	27,681				Building State Health Agency Capacity for Breastfeeding Promotion and Support
Michigan Department of Community Health PO Box 30437 Lansing, MI 48909	38-6000134	115	22,307				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 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
MICHIGAN DEPT OF HEALTH AND HUMAN SERVICES PO BOX 30437 LANSING, MI 48909	38-6000134	115	70,988				MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
MISSISSIPPI STATE DEPARTMENT OF HEALTH 570 EAST WOODROW WILSON JACKSON, MI 392151700	64-6000775	115	20,000				IMPROVING STD PREVENTION THROUGH MULTI-LEVEL PARTNERSHIP WITHIN STATE HEALTH DEPARTMENTS
National Association of Chronic Disease Directors 2200 Century Parkway Suite 250 Atlanta, GA 30345	73-1328414	501(c)(3)	15,732				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.

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National Association of County and City Health Officials 1100 17th Street NW 7th Floor Washington, DC 20036	52-1426663	501(c)(3)	15,657				Million Hearts - State and Local hypertension focused model development
National Conference of State Legislatures 7700 E First Place Denver, CO 80230	84-0772595	501(c)(3)	72,980				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)	20,000				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 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 Hispanic Medical Assoc 1920 L Street NW Suite 725 Washington, DC 20036	52-1884446	501(c)(3)	64,998				Vulnerable Populations Planning Mitigating the Impact of Seasonal & Pandemic INFLUENZA ON OUR MOST VULNERABLE POPULATIONS
New Mexico Breastfeeding Task Force 1618 Harvard Drive NE Albuquerque, NM 87106	85-0404814	501(c)(3)	15,000				Building State Health Agency Capacity for Breastfeeding Promotion and Support
NICHQ-TX FISCAL AGENT CONTRAC	01-0647374	501(c)(3)	8,936				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 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 Health 600 E Boulevard Ave Dept 301 Bismarck,ND 58505	45-0309764	115	193,379				Building State Health Agency Capacity for Breastfeeding Promotion and SupportMILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
PA DEPARTMENT OF HEALTH 130A KLINE PLAZA HARRISBURG,PA 17104	23-6003104	115	14,545				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
Pacific Island Health Officers Assn 737 Bishop Street Suite 2075 Mauka Tower Honolulu,HI 96813	20-0298040	501(c)(3)	773,425				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.

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President & Fellows of Harvard College PO Box 415649 Boston, MA 022415649	04-2103580	501(c)(3)	89,307				State Health Leadership Initiative
Public Health Institute 555 12th Street 10th Floor Oakland, CA 946074046	94-1646278	501(c)(3)	87,072				National Leadership Academy for Public Health (NLAPH)
Research and Educational Foundation 155 E Broad Street Suite 301 Columbus, OH 43215	31-4270340	501(c)(3)	14,965				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND PUBLIC HEALTH INSTITUTE 121 S MAIN STREET BOX G-S121-8 PROVIDENCE, RI 02903	05-0474726	115	60,000				ENVIRONMENTAL PUBLIC HEALTH TRACKING FELLOWSHIP PROGRAM
SAFE STATES ALLIANCE 2200 CENTURY PARKWAY SUITE 700 ATLANTA, GA 30345	73-1455152	501(c)(3)	127,395				PRESCRIPTION DRUG OVERDOSE AND ABUSE
SOUTH DAKOTA DEPARTMENT OF HEALTH PO BOX 24 FAULKTON, SD 57438	46-6000364	115	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.

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Southeastern LA AHEC 1302 J W Davis Dr Hammond, LA 70403	72-1155014	501(c)(3)	28,450				Building State Health Agency Capacity for Breastfeeding Promotion and Support
STATE OF CONNECTICUT PO BOX 340308 410 CAPITAL AVE HARTFORD, CT 061340308	06-6000798	115	131,892				BUILDING CAPACITY IN MATERNAL AND CHILD HEALTH PROGRAMS AND POLICIES
STATE OF TENNESSEE 710 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243	62-6001445	115	19,910				ENVIRONMENTAL PUBLIC HEALTH TRACKING PEER-TO-PEER FELLOWSHIP PROGRAM

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF WISCONSIN DES/BFS/RM 750 MADISON, WI 537077853	39-6006469	115	54,150				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
TEXAS DEPARTMENT OF STATE HEALTH SERVICES 1100 WEST 49TH STREET AUSTIN, TX 78756	32-0113843	115	97,980				MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 1000 VICTORS WAY SUITE 1A ANN ARBOR, MI 481082744	38-6006309	501(c)(3)	170,920				MEASURING PUBLIC HEALTH WORKFORCE GAPS IN STATE AND LOCAL HEALTH DEPARTMENTS

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 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
THREE RIVERS PUBLIC HEALTH DEPARTMENT 2400 N LINCOLN AVENUE FREMONT, NE 68025	11-3667934	115	32,275				FLU ON CALL DEMONSTRATION
University of Pittsburgh P O Box 371220 Pittsburgh, PA 152517220	25-0965591	115	6,477				Developing Real Time Strategies for Implementing Public Health Law Interventions
Vermont Department of Health 108 Cherry Street Business Office Burlington, VT 05401	03-6000264	115	15,000				Building State Health Agency Capacity for Breastfeeding Promotion and Support 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 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
VERMONT PUBLIC HEALTH ASSOCIATION PO BOX 732 BURLINGTON, VT 054080732	02-0608866	115	17,831				BUILDING CAPACITY FOR HEALTH IMPACT ASSESSMENT AT STATE AND TERRITORIAL HEALTH AGENCIES
Virginia Department of Health 109 Governor St 7th Floor Richmond, VA 23219	54-6001775	115	99,502				Million Hearts - State and Local hypertension focused model development
WASHINGTON STATE DEPARTMENT OF HEALTH 310 ISREAL ROAD SE TUMWATER, WA 98501	91-1444603	115	22,524				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Virginia Department of Health 350 Capitol Street Room 2016 Charleston, WV 25301	55-6000810	115	26,749				Building State Health Agency Capacity for Breastfeeding Promotion and Support
WISCONSIN DEPARTMENT OF HEALTH SERVICES 1 WEST WILSON STREET ROOM 550 MADISON,WI 53703	39-6006469	115	79,261				BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES
Wolters Kluwer Health Inc 16705 Collection Center Drive Chicago,IL 60693	13-2932696	501(c)(3)	23,250				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.

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Wyoming Department of Health 6101 Yellowstone Rd Suite 420 Cheyenne, WY 82002	83-0208667	115	14,775				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" on 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

2015

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
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
b 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	1b	
2 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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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
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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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAVID COTE ASSociate Exec Director	(i)	218,889	0	0	24,765	8,986	252,640	0
	(ii)	0	0	0	0	-0	-0	0
1PAUL E JARRIS IMMEDIATE PAST EXEC DIRECTOR	(i)	237,384	0	0	16,299	16,030	269,713	0
	(ii)	0	0	0	0	-0	-0	0
2SHARON Moffatt CHIEF PROGRAM OFFICER	(i)	270,946	0	0	30,885	2,331	304,162	0
	(ii)	0	0	0	0	-0	-0	0
3JAMES S blumenstock CHIEF PROGRAM OFFICER	(i)	226,705	0	0	25,810	10,346	262,861	0
	(ii)	0	0	0	0	-0	-0	0
4LISA Waddell CHIEF PROGRam Officer	(i)	192,469	0	0	21,787	21,904	236,160	0
	(ii)	0	0	0	0	-0	-0	0
5MELIssa Ferguson CHIEF PROGRam Officer	(i)	176,106	0	0	13,057	900	190,063	0
	(ii)	0	0	0	0	-0	-0	0
6SHAWnrick Polk CHIEF PROGRAM Officer	(i)	151,822	0	0	17,177	8,946	177,945	0
	(ii)	0	0	0	0	-0	-0	0
7PAULA SOPER CHIEF PROGRAM Officer	(i)	134,965	0	0	13,194	2,884	151,043	0
	(ii)	0	0	0	0	-0	-0	0
8DIANE COONTZ SENIor Director	(i)	134,590	0	0	15,227	16,896	166,713	0
	(ii)	0	0	0	0	-0	-0	0
9ELIZABETH WALKER SENIOR Director	(i)	132,023	0	0	14,937	14,930	161,890	0
	(ii)	0	0	0	0	-0	-0	0
10KARL ENSIGN CHIEF PROGRAM Officer	(i)	130,538	0	0	14,660	17,445	162,643	0
	(ii)	0	0	0	0	-0	-0	0
11SCOTT BRISCOE SENIor Director	(i)	129,576	0	0	14,660	12,780	157,016	0
	(ii)	0	0	0	0	-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

2015

Open to Public
Inspection

Name of the organization
Association of State and Territorial
Health Officials

Employer identification number

35-1044487

990 Schedule O, Supplemental Information

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. <input type="checkbox"/> 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The membership elects the voting members of the governing body annually

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE BOARD, AUDIT COMMITTEE, AND FINANCE COMMITTEE ARE PROVIDED A COPY OF THE IRS FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING THE FORM WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE WRITTEN CONFLICT OF INTEREST POLICY IS ANNUALLY DISTRIBUTED AND SIGNED BY THE DIRECTOR S, OFFICERS, AND SENIOR STAFF MEMBERS ANY CONFLICTS OF INTEREST ARE INVENTORIED BY THE CH IEF OPERATING 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 BOAR D WHO HAS FINAL AUTHORITY ON RESOLUTION OF CONFLICTS OF INTEREST FOR ITS MEMBERS, INCLUDIN G EXPULSION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	PROFESSIONAL AND CONSULTING FEES Program service expenses 2,316,208 Management and general expenses 559,440 Fundraising expenses 0 Total expenses 2,875,648 FEES FOR SERVICES Program service expenses 116,071 Management and general expenses 150,646 Fundraising expenses 0 Total expenses 266,717

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR INDEPENDENT ACCOUNTANT SELECTION PROCESS